

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN -6 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **F93000002127**

1. Corporation Name

Roizman Development Inc.

Principal Place of Business

Mailing Address

919 E. Germantown Pike, Suite 5
Norristown, PA 19401**REINSTATEMENT** *96*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
N/A3. New Mailing Address, if Applicable
N/A4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2668860

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐**\$3.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Israel Roizman	6 Mimosa Circle	Lafayette Hill, PA 19444
Vice President Treasurer	Stuart Briefer	119 Ridgeview Road	North Wales, PA 19454

200002052972--1

-01708797-01081-015

****375.00 ****375.00

100/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Leon Wolfe, Esquire
Berman Wolfe and Rennart
100 S.E. 2nd Street, 38th Floor
Miami, FL 33131-2130

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

If no intangible tax is paid, check this box.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I understand that the Division of Corporations is not responsible for any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is determined to be incorrect. I further certify that the information supplied is true and accurate. If the corporation has been dissolved, the corporate name satisfies the requirements of Section 607.0505, F.S. and the corporation has been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if I were the corporation.

SIGNATURE

UP

12/19/97

119-178-1222