

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000002806

1. Corporation Name

2825 Associates Corp.

2. Principal Office Address

751 Park of Commerce Dr.

3. Mailing Office Address

751 Park of Commerce Dr.

Suite, Apt. #, etc.

#128

Suite, Apt. #, etc.

#128

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

Palm Beach

Zip

33487

Country

Palm Beach

600005556066--2

-05/17/02--01006--009

\*\*\*\*308.75 \*\*\*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida

5/29/97

5. FEI Number

52-2036058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Nancy B. Colman Esq.; Drier, Baritz & Colman

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

150 E. Palmetto Park Road

Suite, Apt. #, Etc.

Suite 401

City

Boca Raton

State  
FL

Zip Code

33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Nancy B. Colman  
Drier, Baritz & Colman

REGISTERED AGENT MUST SIGN

Date

5/9/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Joak Pechter	751 Park of Commerce Dr. #128	Boca Raton, FL 33487
VP	Martin Pechter	751 Park of Commerce Dr. #128	Boca Raton, FL 33487
Secr	Jeffrey Pechter	751 Park of Commerce Dr. #128	Boca Raton, FL 33487

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02 561-982-7770  
Date Daytime Phone #  
x 208

CR2E081 (9/01)



SouthStar  
Management  
Inc.

0008919

May 9, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir or Madam:

Per your internet service, the status of 2825 Associates Corp was revoked due to the non-filing of the annual report on 09/21/2001. In speaking with a representative of the state we noticed that the report was sent to an incorrect address. The state for the mailing address is shown as MY instead of MD, for Maryland. Based on her direction I am writing you to request a pardon on not filing the annual report since my office did not receive the information. Also, under her direction, I am sending a check for \$308.75, \$300 for the filing fee and 8.75 for the Certificate of Status.

I apologize for any inconvenience and thank you in advance for your assistance.

Sincerely,

Barbara Gaziano  
Controller

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Pam  
DATE: 5-10-02  
REF. #: 0891.6591  
CORP. NAME: 2825 Associates Corp.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input checked="" type="checkbox"/> ANNUAL REPORT    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: _____                |   |  |

RECEIVED  
02 MAY 10 AM 11:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32306

STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 308.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY                   | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials