

2008 FORT PROFT CORPORATION  
ANNUAL REPORT

Page 10B  
07-24-2008 90017 024 \*\*\*150.00  
311291  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV 12 AM 10:30

**DOCUMENT # 311291**  
1. Entity Name  
NORMAN H. SEIDLER DRAPERY WORKROOM, INC.



Principal Place of Business  
564 N.W. 24TH STREET  
MIAMI, FL 33127 US

Mailing Address  
P O BOX 371400  
MIAMI, FL 33137 US

404-



07182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1152543

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent

SEIDLER, SARA  
564 N.W. 24TH STREET  
MIAMI, FL 33127

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS <sup>150.00</sup> ~~550.00~~  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SEIDLER, SARA C/O 564 N.W. 24TH STREET MIAMI, FL 33127
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Sara Seidler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-08

Date

Daytime Phone #

Page 2 of 3

**DLE**

DONALD L. EISENBERG  
CERTIFIED PUBLIC ACCOUNTANT

November 13, 2008

Florida Department of Revenue  
Division of Corporations  
P. O. Box 8700  
Tallahassee, FL 32314  
Attention: Tyrone Scott

Delivered by Fax (850) 245-6017

Re: Norman H. Seidler Drapery Workroom, Inc.  
Document No. 311291  
Notice of Dissolution/Annual Report

Gentlemen:

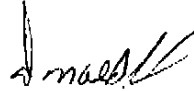
This is a follow-up to my letter of October 31, 2008.

The Company did not receive any notice before the May 1 filing date and after filing the Annual Report in July 2008 there has been no contact from the State until my e-mail of October 29.

The Company request that all late fees be abated.

Your prompt attention will be appreciated.

Very truly yours,



Donald L. Eisenberg

DLE:af  
Enclosure

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**DLE**

DONALD L. EISENBERG  
CERTIFIED PUBLIC ACCOUNTANT

October 31, 2008

Florida Department of State  
Division of Corporations  
P. O. Box 8700  
Tallahassee, FL 32314

Re: Norman H. Seidler Drapery Workroom, Inc.  
Document No. 311291  
Notice of Dissolution

Gentlemen:

Enclosed is a copy of my E-mail to your office on October 29<sup>th</sup>. I stated that a check in the amount of \$150.00 had cleared the bank as payment on the Annual Report.

Please review the enclosed copies of the E-mail and cancelled check and then notify my client as to the status of the Corporation for 2008.

Your prompt attention will be appreciated.

Very truly yours,

Donald L. Eisenberg

DLE:AF  
Enclosures