

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009155157
11/21/02--01102--017 **158.75

DOCUMENT # 472214

1. Corporation Name

MARILYN S. CAHN, L.C.S.W., INC.

Principal Place of Business

1150 N 35 AVENUE, SUITE 350
HOLLYWOOD FL 33021
US

Mailing Address

1150 N 35 AVENUE, SUITE 350
HOLLYWOOD FL 33021
US

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

2. New Principal Office Address, If Applicable
Post Office Box 816702

3. New Mailing Office Address, If Applicable
2400 N. University Drive

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 209

5. FEI Number

59-1585410

Applied For

Not Applicable

City & State
Hollywood, FL

City & State
Pembroke Pines, FL

Zip
33081

Country
USA

Zip
33024

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 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 3	City / State / Zip 4
SD	CAHN, MARILYN S	1150 N 35 AVENUE, SUITE 350	HOLLYWOOD FL 33021
SD	CAHN, MARILYN S.	2400 UNIVERSITY DRIVE - SUITE 209	PEMBROKE PINES, FL 33024

8. Name and Address of Current Registered Agent

CAHN, MARILYN S. LCSW
1150 N 35 AVENUE, SUITE 350
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name
MARILYN S. CAHN, LCSW
Street Address (P.O. Box Number is Not Acceptable)
2400 UNIVERSITY DRIVE
Suite, Apt. #, Etc.
SUITE 209
City
PEMBROKE PINES
State
FL
Zip Code
33024

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Marilyn S. Cahn
REGISTERED AGENT MUST SIGN

Date November 19, 2002

11. 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 of Marilyn S. Cahn
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 19, 2002
(954) 436-0136

Date

Daytime Phone #

MARILYN S. CAHN, L.C.S.W., D.C.S.W., INC.
Licensed Clinical Social Worker

Child • Adolescent • Adult Psychotherapy • Parenting Issues • Aging Issues

November 19, 2002

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314-6327

Re: Revocation of Corporation
Document # 472214

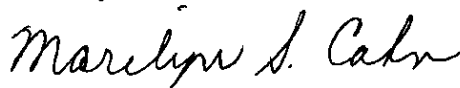
Dear Ms. or Sir:

Please be advised that the address that you have for me is no longer accurate. I moved from 1150 N. 35th Avenue, Suite 350, Hollywood, Florida 33021 on December 31, 2001. I left Post Office Box 816702, Hollywood, FL 33081 as my forwarding address. However, I did not receive the 2002 annual report/uniform business report so that I could file it.

I have enclosed my Check # 1703, in the amount of 158.75, to cover my fee of \$150 for a for-profit corporation and \$8.75 to obtain a Certificate of Status.

I thank you for your assistance in this matter.

Sincerely,



Marilyn S. Cahn, LCSW, Inc.
Director

ENCLOSURE