PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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				f	OF OUT 1	MOVINE STATE
DOCUMENT # 1. Corporation Name 564278					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Peggy Ann	Cook & Associates, Inc.					
Principal Place	e of Business	Mailir	ng Address			
150 S.E	. 2nd Avenue					
Suite 1011 SAME					BEINGTY.	TEMENT 99-0
Miami,	Florida 33131	uch incorrect informat	tion and enter correction	halow	I SPREAD IVE	ENIENI 49-0
Miami, Florida 33131 If above addresses are incorrect in any way, line through incorrect inf 2. New Principal Office Address, If Applicable 3. New Mai 19 West Flagler St.			<u> </u>		4. Date Incorporated or To Do Business in Flo	Qualified Danuary 1, 1978
Suite, Apt. #, etc. Suite 1020		Suite, Apt. #, etc.		5. FEI Number		
City & State Miami, FL		City & State		59-1793991 Applied For Not Applicable		
		Zip	Country 6.		6. CERTIFICATE OF STATUS I	DESIRED 75.75 Additional Res required for a continuent of Session
7. Names and	Street Addresses of Each Office	r and/or Director (Florida nonprofit corp	orations m	ust list at least 3 Directo	rs)
Title(s)	Title(s) Name of Officers and/or Directors		Street Address of Officer and/or D 3 (Do NOT Use Post Office		of Each Prector Box Numbers)	City/State/Zip
Pres./ Treas.	Michael F. Sandl	er	r 180 Mt. Airy		d	Basking Ridge, NJ 07920
Secy.	Nancy Josephs		180 Mt. Airy Road		i	Basking Ridge, NJ 07920
				···		
			400			D3384664
					*	***900.00 ****900.00
		i				8/07/8001005016
	8. Name and Address of Curr	ent Registered Ag	ent		9. Name and Addres	ss of New Registered Agent
Veritext/Florida Reporting Company, LLC 150 S.E. 2nd Avenue, Suite 1011 Name Veritext/Florida Report Street Address (P.O. Box Number is Not Accept						Reporting Co, LL
Miami, Florida 33131 19 West Suite, Apt. #					st Flagler S	St
				Suite City	1020	State Zip Code
10. I, being ap	pointed the registered agent of the	e above named co	orporation, am familia	Miami ar with and	accept the obligations of	FL 33130
Signature of Registered Ag	~~~ / / / / / / / / / / / / / / / / / /	Janes	2		Date	B-16-00
·		REGISTERED AGI				
	es this corporation pay a pt. of Revenue under S.			Yes	No 🗌	(See other side for information on intangible tax.)
certify that I a this reinstate	rision of Corporations from any liability am an officer or director or the receiver ment application the reason for dissolu	of non-compliance wit or trustee empowered tion has been elimina	th Section 119.07(3)(k) i d to execute this applica ited, the comorate name	n the event that ition as provid a satisfies the	at the information supplied it ed for in chapter 607 or 617 requirements of section 607	on 119.07(3) (k), Florida Statutes. I resist deemed exempt from public access. I, F.S. I further certify that when filling .0401 or 617.0401, F.S., and that all we the same legal effect as if made
SIGNATURE:	Mulas Sa	dly				1212-539-12325
:	SIGNATURE AND TYPED OR PRINTED N.	AME SIGNING OFFICER	R OR DIRECTOR		Date	Daytime Phone #