PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 59343/0 98 OCT 15 PM 1: 23 1. Corporation Name STEPHEN K ABRAMSON, CPA, PA SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1727 NE 142 STREET NO MIAMI, FL 33181 EINSTATEMENT 74598 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-1905812 City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip STETHEN ID K ABRAMSON 1727 NE 142 ST MIAMI, FL 33181 900002666879---10/19/98--01073--013 ***1350.00 ***1350.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Age STEPHEN K ABRAMSON Street Address (P.O. Box Number is Not Acceptable) 1727 NE 142 ST Suite, Apt. #, Etc. NO MIAMI FL 33181 City State 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 11. This corporation owes or has paid the current year (See other side for Information on Intangible tax.) Yes 🛛 Intangible Personal Property tax due June 30. No L 12. 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 filling 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.