

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**

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

**DOCUMENT #** 633674

**1. Corporation Name**  
S & R SALES ASSOCIATES, INC.

**2. Principal Office Address** 20678 NW 27<sup>th</sup> TERRACE  
5547 N. Military Trail,  
Suite, Apt. #, etc.  
#2408

**3. Mailing Office Address**  
5547 N. Military Trail  
20678 NW 27<sup>th</sup> TERRACE  
Suite, Apt. #, etc.  
#2408

**City & State**  
Boca Raton, FL

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Boca Raton, FL

**Zip** 33496 **Country** PALM BEACH

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**FILED**  
01 DEC 20 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified To Do Business in Florida** 8/24/1979

**5. FEI Number** 591931619 **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** ROSENBAUM, RICHARD

**Street Address (P.O. Box Number is Not Acceptable)** 5547 N. Military Trail, 20678 NW 27<sup>th</sup> TERRACE

**Suite, Apt. #, Etc.** #2408

**City** Boca Raton

**State** FL **Zip Code** 33496 33434

**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** *[Signature]* **Date** 12/13/2001

**REGISTERED AGENT MUST SIGN**

**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
P	Rosenbaum, Richard	5547 N. Military Trail, #2408	Boca Raton, FL 33496
		20678 NW 27 <sup>th</sup> TERRACE	33434

**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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** RICHARD J ROSENBAUM

**Date** 12/13/2001 **Daytime Phone #** 561 477-8778



MARKETING / MANUFACTURER'S REPRESENTATIVES

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December 13, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: S & R Sales Associates, Inc.  
EIN 59-1931619

To Whom It May Concern:

I am requesting that the reinstatement fee be abated for the following reason.

I did not know the annual report was not filed until my attorney notified me when he did a corporate update. I never received any information from the State of Florida. The address on the reinvestment papers is not my current address. No papers from the State were forwarded to my new address.

I try to do everything on time. If I had received the annual report it would have been paid immediately.

Hopefully you will accept the enclosed \$ 150.00 payment and abate the reinstatement fee.

This will never happen again.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard J. Rosenbaum', written over a horizontal line.

Richard J. Rosenbaum