

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000000944

1. Corporation Name

ARCESE, FURST & ASSOCIATES, INC.

Principal Place of Business

210 SUMMIT AVE. BLDG A
MONTVALE NJ 07645

Mailing Address

210 SUMMIT AVE. BLDG A
MONTVALE NJ 07645

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2002

5. FEI Number

22-3572747

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ARCESE, LOUIS	210 SUMMIT AVE., BLDG A	MONTVALE NJ
V	FURST, JEFFREY	210 SUMMIT AVE., BLDG A	MONTVALE NJ

200023921302
10/17/03-01099-004 ##211.25

8. Name and Address of Current Registered Agent

FURST, JEFFREY
11401 NW 12TH STREET STE 320
DOLPHIN MALL
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE
REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] J.M. Furst

Date

10/10/03

Daytime Phone #

201 802 1629

FILED

03 OCT 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)

AFA Inc.

Arcese, Furst & Associates Inc.

October 10, 2003

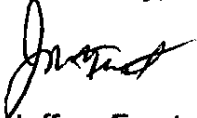
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document # F02000000944 Application for Reinstatement

To Whom It May Concern:

Attached is our check and application for reinstatement. Please note that we never received the uniform business report for filing and therefore request a waiver of the reinstatement fee.

Yours truly,



Jeffrey Furst
Chief Financial Officer