

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F02000000944

1. Corporation Name

ARCESE, FURST & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

210 SUMMIT AVE. BLDG A  
MONTVALE NJ 07645

210 SUMMIT AVE. BLDG A  
MONTVALE NJ 07645



REINSTATEMENT 03

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3572747

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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]* J.M. FURST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 201 802 1629  
Date Daytime Phone #

CR2E040 (7/03)

***AFA Inc.***

*Arcese, Furst & Associates Inc.*

October 10, 2003

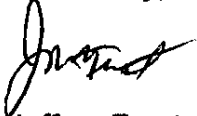
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Document # F0200000944 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