

# FD4 000000280

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

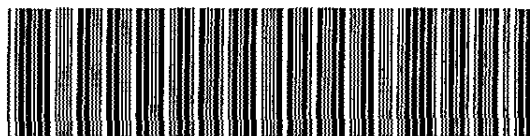
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300025836533

01/13/04--01077--001 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN 13 AM 10:06

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FD4-280  
OR

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T. BRESNER ASSOCIATES, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CLARE CASTELLANOS  
(Name of Person)

KENNETH KIRSHENBAUM & CO.  
(Firm/Company)

10 BANK STREET-STE. 840  
(Address)

WHITE PLAINS, NY 10606  
(City/State and Zip code)

For further information concerning this matter, please call:

CLARE CASTELLANOS at 914-686-0400  
(Name of Person) (Area Code & Daytime Telephone Number)

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04 JAN 13 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee      ☒ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

# KENNETH KIRSHENBAUM & Co.

CERTIFIED PUBLIC ACCOUNTANTS

Ten Bank Street White Plains, NY 10606

(914) 686-0400

Farsimile (914) 997-9076

## INSTRUCTIONS FOR FILING

Name T. Bresner Associates, Inc. Date 12-29-03

Return enclosed Application for Foreign Corporation...

Period ended \_\_\_\_\_

To be signed and dated by Officer On page 1 & 2

Amount of tax \$78.75

### Overpayment:

To be refunded \$ \_\_\_\_\_

To be applied to estimate \$ \_\_\_\_\_

<u>Due Dates</u>	<u>Amounts</u>
<u>Immediately</u>	<u>\$78.75</u>
_____	_____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN 13 AM 10:10

FILED

**NOTE:** Please record these dates in your diary to insure timely payments and to avoid penalties. Also, put your Social Security or I.D. Number on all checks along with Form Number and Year of Return.

Draw check to: ☐ Internal Revenue Service  
☐ New York State Corporation Tax  
☐ New York State Income Tax  
☐ NYC Department of Finance  
☐ Your corporations' bank, (either mail or bring to bank) together with your Federal Tax Deposit Coupon  
☐ State of New Jersey  
☒ Florida Division of Corporations

Mail return and check to:

Registration Section Division of Corporations

PO Box 6327 Tallahassee, FL 32314

The return marked "TAXPAYER'S COPY" is to be retained for your files.

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. T. BRESNER ASSOCIATES, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK  
(State or country under the law of which it is incorporated)
3. 13-3582729  
(FEI number, if applicable)
4. 08/15/90  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. 1/1/04  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1776 BROADWAY - #1206, NEW YORK, NY 10019  
(Principal office address)
- SAME AS ABOVE  
(Current mailing address)
8. KEY EMPLOYEE RELOCATED TO FLORIDA  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Dana Weissfeld Blankenkaker  
Office Address: 1585 S. Ocean Lane, #181  
Ft. Lauderdale, Florida 33316  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(X) Dana Weissfeld Blankenkaker  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: TRUDI BRESNER

Address: 98 VILLARD AVENUE

HASTINGS-ON-HUDSON, NY 10706

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Trudi Bresner  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TRUDI BRESNER  
(Typed or printed name and capacity of person signing application)

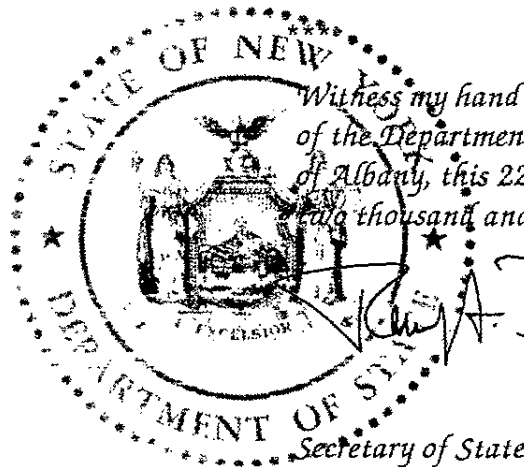
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04 JAN 3 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the Certificate of Incorporation of T. BRESNER ASSOCIATES, INC. was filed on 08/16/1990, under the name of TRUDI BRESNER & ASSOCIATES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment TRUDI BRESNER & ASSOCIATES, INC., changing its name to T. BRESNER ASSOCIATES, INC., was filed 04/03/2001.

The Biennial Statement is past due.



Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 22nd day of December  
two thousand and three.

Secretary of State

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