

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -2 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004952

**1. Corporation Name**

The Bomstein Agency, Inc.  
2233 Wisconsin Ave, #500  
Washington, DC 20007

**2. Principal Office Address**

- same -

**3. Mailing Office Address**

- same -

Suite, Apt. #, etc.

#500

Suite, Apt. #, etc.

City & State

Washington, DC

City & State

Zip

20007

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

52-1072206

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-03**

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

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

1201 Hays Street

300023520183

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

*Ann R. Stelling*

REGISTERED AGENT MUST SIGN

Date

10/1/03

**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
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President	Janne Williams	2233 Wisconsin Ave #500	Washington, DC 20007
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owner	Howard J. Bomstein	2233 Wisconsin Ave #500	Washington, DC 20007
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Sr Vice Pres	Jenny Morell	2233 Wisconsin Ave #500	Washington, DC 20007
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jenny Morell*  
*Jenny Morell*

Date

9/23/03

Daytime Phone #

202 9656470 X270

CR2E081 (10/02)



"CORPORATION SERVICE COMPANY"

282

ACCOUNT NO. : 072100000032

REFERENCE : 263243 7329482

AUTHORIZATION :

*Patricia Pizoto*

COST LIMIT : \$ 1350.00

ORDER DATE : October 1, 2003

ORDER TIME : 12:06 PM

ORDER NO. : 263243-005

CUSTOMER NO: 7329482

CUSTOMER: Ms. Jenny Morrell  
The Bomstein Agency, Inc.  
2233 Wisconsin Avenue, #500

Washington, DC 20007

REINSTATEMENT

NAME: THE BOMSTEIN AGENCY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
03 OCT -2 PM 2:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA