PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	#
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H63901

1. Corporation Name

SAM ISRAELOFF ASSOCIATES, INC. Principal Place of Business Mailing Address 411_N 5-- 206-TERRACE -711-N.G. 205 TERRACE NORTH-MIAMI-DEACH-PL 33179 NORTH-MIAML BEACH_EL_3317 23156215

FILED 02 JAN 22 PH 3.04 SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above	addresses are incorrect in any way, line through incorre	ct information and enter correc	ion below.			
2. New Principal Office Address HApplicable 3. New Mail		Mailing Office Address, If Applic		Date Incorporated or Qualified To Do Business in Florida 06/26/1985		
Suite, Apt.	. #, etc. Suite, Ap	i. #, eic.	5. FEIN		Applied For	
City & Sta	te / City	<u> </u>		59-2679268		
T. LAUDER DALE, FLA		2082/1491A	6.	···· • · ·	Not Applicable	
Zip 3:	3315 Country SA Zip	Country	₽ ⁻		75_Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/or Director	(Florida nonprofit corporations	nust list at least 3 direct	ors)		
Title(s)	Name of Officers and/or Directors		dress of Each nd/or Director	City / S	tate / Zip	
PD	ISRAELOFF, SAM	711 N.E. 205TH TERRACE		NORTH MIAMI BEACH FL		
• .		AFERRE	CMENT.	000004880 -02/05/020	01045021 	
	8 Name and Address of Current Registered	t cent	Q Name			
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent		
DALE, CHARLES S			RELEASE OF LEGE	and the strain of the		
•	E 4 STREET	Stre	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc.			
	UDERDALE-FL-33301	Suit				
•			City State Zip Code			
10. I, being	g appointed the registered agent of the above named co	orporation, am familiar with and	accept the obligations o		-	
Signature of Registered	of Agent Agent	AGENT MUST SIGN		Date1 -	6.02	
11. Leertify	that I am an officer or director or the receiver or trustee	empowered to execute this ar	nlication 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.

12001 954-483-8810