

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** H79446

**1. Corporation Name**

M. FELDMAN & SONS, INC.

**2. Principal Office Address**

169 E. FLAGLER STREET

Suite, Apt. #, etc.

SUITE 918

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

**3. Mailing Office Address**

169 E. FLAGLER STREET

Suite, Apt. #, etc.

SUITE 918

City & State

MIAMI, FLORIDA

Zip

33161

Country

USA

FILED  
06 JAN 24 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600065193126  
02/06/06--01013--017 \*\*900.00

**REINSTATEMENT** 01-06

CR2E081 (12/05)

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

10/07/1985

**5. FEI Number**

592633642

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

EDWARD A. STRONGIN, CPA

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

3225 AVIATION AVENUE

Suite, Apt. #, Etc.

SUITE 500

City

MIAMI

State

FL

Zip Code

33133

**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

*Edward A. Strongin*  
REGISTERED AGENT MUST SIGN

Date 1/12/06

**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
P/D	MARK FELDMAN	169 E. FLAGLER STREET SUITE 918	MIAMI, FL 33131

**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 contained in Chapter 119, 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:**

*Mark Feldman* Pres. MARK G. FELDMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/06 305-3770070  
Daytime Phone #

# PINCHASIK • STRONGIN • MUSKAT • STEIN & COMPANY

A Professional Association of Certified Public Accountants

SUSAN G. BAKER, CPA  
NELSON EPELBAUM, CPA  
SUSAN GRANOFF, CPA, J.D., LL.M.  
GREGORY R. HALLER, CPA  
JERROLD LEVINE, CPA  
ROSARIO D. MERCEDES, CPA  
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HARVEY P. MUSKAT, CPA  
MARK PINCHASIK, CPA  
ROBERT A. STEIN, CPA\*, ABV  
EDWARD A. STRONGIN, CPA

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DAYVIEW PLAZA  
3225 AVIATION AVENUE  
MIAMI, FLORIDA 33133

MIAMI DADE (305) 858-5800  
BROWARD (954) 763-5800  
FAX (305) 858-1636

MITCHELL A. YELEN, J.D., LL.M.

January 12, 2006

\*CPA Licensure designation is regulated  
by the state of Florida

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

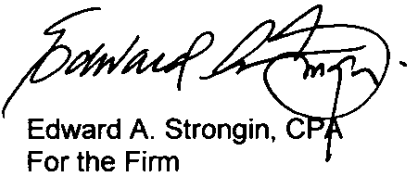
Re: M. Feldman & Sons Reinstatement Application (H79446)

To Whom It May Concern:

Enclosed herewith is the above-referenced corporation's reinstatement application along with its check in the amount of \$900. This amount represents Annual Report and Supplemental fees for the years 2001 through 2006. We respectfully request waiver of, and therefore have not included, a "reinstatement" fee because the corporation did not receive annual report notices for the years in question. Please update your records accordingly and kindly send future notices directly to their business address.

Thank you for your consideration of this matter. Feel free to contact the undersigned with any questions.

Very truly yours,



Edward A. Strongin, CPA  
For the Firm