1012

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 16 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S10186

1. Corporation Name
SARASOHN & ASSOCIATES, INC

2. Principal Office Address	3. Mailing Office Address
3288 NW 60 ST	P.O. BOX 8
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country: U.S.A	Zip: 33429 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 21, 1986

5. FEI Number: 59-2661900 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ (SEE ITEM 8 BELOW TO ORDER CERTIFICATE OF STATUS)

7. Name and Address of Current Registered Agent

Name: Stephen Sarasohn
Street Address (P.O. Box Number is Not Acceptable): 3288 NW 60 St.
Suite, Apt. #, Etc.:
City: Boca Raton, FL 33496 State: FL Zip Code: 33496

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: Stephen Sarasohn (REGISTERED AGENT MUST SIGN) Date: 12/13/02

CR2E036 (1/01)

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
Pres	Stephen Sarasohn	3288 NW 60 St.	Boca Raton, FL 33496

SL000947 40195
12/30/02--01060--026 **915.00

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: Stephen Sarasohn Stephen Sarasohn 12/13/02 (561) 368-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SARASOHN & ASSOCIATES, INC.
INSURANCE ADJUSTERS

Post Office Box 8
Boca Raton, Florida 33429
561/368-5000

FAX 561/368-5002

December 12, 2002

Ms. Michelle Milligan
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL
32399

Re: Reinstatement

Dear Ms. Milligan:

In accordance with our telephone conversation today, I am sending you a check for $915.00 and a corporate reinstatement form. We never received our 1997 form to renew the corporation and it was involuntarily dissolved that year. Please reinstate my corporation ASAP. Thank you very much for your kind assistance in this matter.

Very truly yours,

Stephen Sarasohn

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000238055 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY/ ~~>101~~
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

ESCAPE VELOCITY OF TAMPA BAY, INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00