

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J10186

1. Corporation Name

SARASOHN & ASSOCIATES, INC.

Principal Place of Business

3288 N.W. 60 ST.  
BOCA RATON FL 33429  
US

Mailing Address

P.O. BOX 8  
BOCA RATON FL 33429

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/1986

5. FEEL Number

59-2661900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03



000025258890  
12/05/03--01053--003 \*\*150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SARASOHN, STEPHEN	3288 NW 60TH ST.	BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

SARASOHN, STEPHEN  
3288 NW 60TH ST.  
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

CR2E040 (7/03)

**SARASOHN & ASSOCIATES INC**

November 13, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

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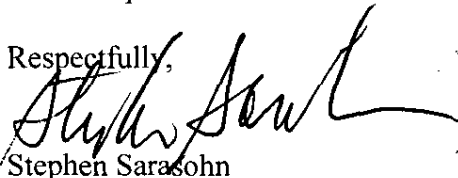
~~To Whom It May Concern:~~      ~~Re: Acct#J10186~~

I received your notice of Administrative Dissolution and have enclosed the application for reinstatement with my check for \$150.00.

I would like to appeal the reinstatement fee of \$600 as I never received the initial report due for 2003 and I did not receive any follow up notices. I am usually very diligent about responding to all correspondence from the State of Florida or any other governmental agency, however, the only correspondence I received from the State was this recent Notice of Dissolution.

Your cooperation and assistance in the matter at hand is greatly appreciated.

Respectfully,



Stephen Sarasohn  
Sarasohn & Associates  
President