

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

105

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 NOV -6 PM 3:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J52802**

1. Corporation Name

GENERAL DIRECTIONS, CORP.

Principal Place of Business

Mailing Address

C/O MR. BERNARD SHAVITZ
 7777 AFTON VILLA COURT
 BOCA RATON FL 33433

C/O MR. BERNARD SHAVITZ
 7777 AFTON VILLA COURT
 BOCA RATON FL 33433



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/16/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2876285

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	SHAVITZ, BERNARD	7777 AFTON VILLA COURT	BOCA RATON FL
S	SHAVITZ, HARRIET	7777 AFTON VILLA COURT	BOCA RATON FL

300003483943--8
 -12/04/00--01017--013
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

SHAVITZ, BERNARD
 7777 ALTON VILLA COURT
 BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Bernard Shavitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Bernard Shavitz

201-451-1555
 11/3/2000
 Date Daytime Phone #

CR2E040 (8/00)

General
Directions

2012

11/2/2000

To whom it may concern

In regard to the enclosed application for reinstatement, I ask you to please waive the penalty. I never did receive the initial notice.

I travel a great deal, have my mail held and/or forwarded and perhaps that was the cause of the problem.

Thank you for your consideration.

David Spawitz

PS I have enclosed my check for \$150 and hope this remedies the reinstatement.