

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED

96 DEC 26 PM 2:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 565972 8

1 Corporation Name
P.S. LINDA KESSLER, INC.

Principal Place of Business Mailing Address
909 E. LAS OLAS BOULEVARD 909 E. LAS OLAS
FT. LAUDERDALE, FL 33301 BLVD.
FT. LAUD., FL
33301

REINSTATEMENT

Ab

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>04/01/1987</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>15-0025035</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Additional fee required for Certificate of Status <input type="checkbox"/>

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRES</u>	<u>KESSLER, LINDA</u>	<u>2101 PARK PLACE</u>	<u>BOCA RATON, FL 33486</u>

200002041102--9
12/30/96-01041-003
****375.00 ****375.00

8. Name and Address of Current Registered Agent

KESSLER, LINDA
2101 PARK PLACE
BOCA RATON FL 33486

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.

Signature of Registered Agent Linda Kessler Date 12/23/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12 I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Linda Kessler LINDA KESSLER- 12/23/96 954-524-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (12/95)