

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **K96098**

1. Corporation Name
HELENE GROSSMAN, P.A.

Principal Place of Business
**COLDWELL BANKER
10120 W. OAKLAND BLVD
SUNRISE FL 33351
US**

Mailing Address
**9601 NW 67 COURT
TAMARAC FL 33321
US**

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 06/16/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0129609	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	GROSSMAN, HELENE	10120 W. OAKLAND BLVD	SUNRISE FL

400002340354--2
-11/06/97-01080-003
****165.00 ****123.00
10-29-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GROSSMAN, HELENE 9601 N.W. 67 COURT TAMARAC FL 33321		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 Helene Grossman Date 10/27/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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: Helene Grossman - HELENE GROSSMAN 10/27/97 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

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**COLDWELL
BANKER**

COLDWELL BANKER
RESIDENTIAL REAL ESTATE, INC.
4265 N. PINE ISLAND ROAD
SUNRISE, FL 33351
Phone: (954) 741-0505
Fax: (954) 741-2080

10/27/97

Re: Document # K96098

Dear Sirs —

Enclosed please find
Check for \$165.

As per my phone talk
with you Dept. (today) this is the
first notice I received.

I never received a PRIOR
notice. Thank you for your kindness.

Sincerely
Helene Crossman P.A.

Our Vision

To be acknowledged by our clients as the real estate company that creates trust by delivering
real estate services with the highest degree of quality, value and integrity