UI	INSTRUCTIONS BEFORE COMPLETING THIS FORM	
PLEASE REALLALL	TINSTRUCTIONS REFORE COMPLETING THIS FORM	
		4.





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

K96098

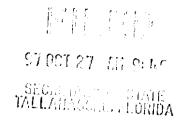
1. Corporation Name

HELENE GROSSMAN, P.A.

Principal Place of Business **COLDWELL BANKER** 10120 W. OAKLAND BLVD

Mailing Address

9601 NW 67 COURT TAMARAC FL 33321





US US	L 33351		US		4				
If above a	ddresses are	Incorrect in any way, line th	rough incorrect i	Information a	and enter correction below.				
2. New Principal Office Address, If Applicable		New Malling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/16/1989				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5 FEI Number				
City & State			City & State				65-0129609	Not Applicable	
Zip Country		Zip Count		Country	- 6. CERTIFICA	IFICATE OF STATUS DESIRED \$8.75 Additional Fee reforms a Certificate of States			
7. Names a	and Street Ad	dresses of Each Officer and	f/or Director (Flo	orida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Direct 3 (Do NOT Use Post Office Box			ch or City / State / Zip Numbers) 4			
D					. OAKLAND BLVD		SUNRISE FL		
						41	0002340	3542	
							00023403 -11/06/970 ****165.00	1080-003 ****183.00	
	A Nam	ne and Address of Current	Registered Age			Q Name and	Address of New Registered	Anont	
8. Name and Address of Current Registered Agent Name						J. Hallic and Address of Hell Hegistered Agent			
GROSSMAN, HELENE 9601 N.W. 67 COURT TAMARAC FL 33321					Street Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.					
					City	City State Zip Code			
10. I, being	appointed th	e registered agent of the ab	ove named corp	oration, am f	amiliar with and accept the o	obligations of Sec		<u>-</u> L	
Signature o Registered	Agent	Selene !	STORE RED AC	Must	GU.		Date (0/07)	197	
		ration owes or h Personal Propei	as paid th	e curre	ent year	No 🗆		e for information gible 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.

lene Geossinan - AELENE GEOSSMAN

COLDWELL BANKER RESIDENTIAL REAL ESTATE, INC. 4265 N. PINE ISLAND ROAD SUNRISE, FL 33351 Picne: (954) 741-0506 Fax:: (954) 741-2080

10/27/97 Re: Document# K96098

Exclosed please Find

Check For \$165.

Check For \$165.

On per my phone talk

with you Dept. (today) this is the

First Notice I Received.

These Received a PRIOR

I Never Received a PRIOR

Sincorely

Helene Giossman Pa.

Our Vision