

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN -5 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L03175**

1. Corporation Name  
Fender Mender, Inc.

2. Principal Office Address  
8530 NW 77 Street  
Suite, Apt. #, etc.

3. Mailing Office Address  
8530 NW 77 Street  
Suite, Apt. #, etc.

04-06  
CR2E081 (12/05)

City & State  
Tamarac, Florida

City & State  
Tamarac, Florida

4. Date Incorporated or Qualified To Do Business in Florida  
07/18/1989

Zip 33321 Country U.S.

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5. FEI Number  
650139834  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Robert S. Forman

Street Address (P.O. Box Number is Not Acceptable)  
Robert S. Forman, P.A., 2101 West Commercial Boulevard

Suite, Apt. #, Etc.  
2800

City  
Ft. Lauderdale

State  
FL

Zip Code  
33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date May 23, 2006

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Alan Goldstein	8530 NW 77 Street	Tamarac, Florida 33321

000076206850  
06/14/06--01043--012 \*\*450.00

10. 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 contained in Chapter 119, 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:

Date May 23, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAW OFFICES  
**ROBERT S. FORMAN, P.A.**

SUITE 2800  
2101 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FLORIDA 33309

ROBERT S. FORMAN  
MARK J. LYNN

OF COUNSEL  
VINCENT J. ALTINO, P.A.  
BERMAN, KEAN & RIGUERA, P.A.

TELEPHONE (954) 735-0000  
TELEFAX (954) 735-3636

May 31, 2006

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RE: Fender Mender, Inc. – Corporation Reinstatement**

To Whom It May Concern:

Enclosed is a completed corporation reinstatement form as referenced above.

Please be advised that my client, Fender Mender, Inc., has not received Annual Reports for 2004, 2005 and 2006. Accordingly, we have enclosed a check in the sum of \$450.00 representing the fee to reinstate Fender Mender, Inc. as an active corporation.

Should you have any questions or require any additional information, please do not hesitate to contact our office.

Very truly yours,



Robert S. Forman

RSF/ly

Enclosures