

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 19 AM 9:40

DOCUMENT # **m79654**

1. Corporation Name

Anne Goff and Associates, P. A.

2. Principal Office Address
3000 NE 30 PLACE

3. Mailing Office Address
3000 NE 30 PLACE

Suite, Apt. #, etc.
SUITE 107

Suite, Apt. #, etc.
SUITE 107

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

Zip Country
33306 U. S. A.

Zip Country
33306 U. S. A.

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/05/1988

5. FEI Number
65-0046530

Applied For
Not Applicable

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

REINSTATEMENT 63-65

7. Name and Address of Current Registered Agent

Name
ANNE GOFF

Street Address (P.O. Box Number is Not Acceptable)
3000 NE 30 PLACE

Suite, Apt. #, Etc.
SUITE 107

City
FORT LAUDERDALE, FL

State Zip Code
FL 33306

900058436529
08/10/05--01025--002 ***0.00

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

REGISTERED AGENT MUST SIGN

Date

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
PD	GOFF, ANNE	2609 NE 35TH STREET	FORT LAUDERDALE, FL 33306

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anne G. Goff

Aug 4, 2005

(954) 564-7902

CR2E081 (01/05)

20/2

DIROCCO & COMPANY C.P.A., P.A.
6601 NW 14TH STREET, SUITE #3
PLANTATION, FL 33313
(954) 358-4272
FAX (954) 739-1054

August 1, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Anne Goff and Associates, P. A.
Document# M79654
2003, 2004 & 2005 Annual Report

Gentlemen,

We are writing on behalf of our client regarding the delinquent filing on the above referenced document.

This morning she discovered that her corporation was dissolved in 2003 when she went to the bank to open a bank account. Our client did not receive notification for filing the 2003 Annual Report. The business information is to go to 3000 NE 30th Place, Suite 107, Fort Lauderdale, FL 33306. She did not receive the notification card due to the fact that the card was sent to the old address. It was never her intention not to adhere to all rules and regulations.

In lieu of the above, we request that your office accept the \$150.00 filing fee for each year and abate the \$400.00 penalty per year. We ask that you please accept the enclosed check of \$450.00 and forego this unfortunate oversight. Prior to this our client has always filed in a timely manner and will continue to do so in the future.

Thanking you in advance for your cooperation.

Best regards,



Joan Goldsholle
For the Firm