

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
RESTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR -1 AM 10:28

DOCUMENT # 100000038378

1. Corporation Name

NEED A FAVOR? INC

2. Principal Office Address

331 NW 87 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

331 NW 87 TERRACE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/2000

5. FEI Number

65-1002063

X

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

STACEY A. KRAVITZ

Street Address (P.O. Box Number is Not Acceptable)

331 NW 87 TERRACE

Suite, Apt. #, Etc.

000005080940--9

-03/11/02--01063--001

***300.00 ***300.00

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

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
D	STACEY L. KRAVITZ	331 NW 87 TERRACE	CORAL SPRINGS FL 33071
D	SHEILA KRAVITZ	331 NW 87 TERRACE	CORAL SPRINGS FL 33071

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:

Stacey L. Kravitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

Date

954 575 1333

Daytime Phone #

CR2E081 (9/01)

*Need A Favor?, Inc.
331 NW 87th Terrace
Coral Springs, Florida 33071*

February 27, 2002

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

To Whom It May Concern:

When I realized that I had not received the Uniform Business Report renewal packet for 2002, I checked online and found that the corporation was in dissolution for not having filed the annual report in 2001. Apparently the packet was mailed to an incorrect address. I am enclosing a copy of the original incorrect information, a new form with the corrected address as well as a check in the amount of \$300.00 to cover the filing costs for these two years and respectfully ask that you waive any late fees due to the mix-up with the address to which the renewals were sent.

Should you have any questions or require additional information, I can be reached at 954-575-1333. Thank you in advance for your cooperation.

Sincerely,



Stacey L. Kravitz
Registered Agent/ Director