

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR 16 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000086291

1. Corporation Name

LEN SEIDER MARKET DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1447
POMPANO BEACH FL 33061

P.O. BOX 1447
POMPANO BEACH FL 33061

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

09/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

NOT APPLICABLE

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SEIDER, LENNARD	P.O. BOX 1447	POMPANO BEACH FL 33061
			200029898102 03/04/04--01058--011 **50.00
			200029898102 04/16/04--01004--007 **250.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH ST. #200
MIAMI BEACH FL 33139

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. or 617.0505, F.S.

Signature of
Registered Agent

Karla Sarria, VP Corporate Creations
REGISTERED AGENT MUST SIGN

Date

3/2/2004

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/04 954-683-3269

CR2E040 (7/03)

LEN SEIDER MARKET DEVELOPMENT INC

PO BOX 1447 POMPANO BEACH FLORIDA 33061 USA
TEL: 954-683-3269 FAX: 954-781-5590 EMAIL: Len@LenSeiderInc.com WEB: www.LenSeiderInc.com


**DIVISION OF CORPORATIONS
REINSTATEMENT SECTION**
PO BOX 6327
TALLAHASSEE, FL 32314-6327

February 27, 2004

To whom it may concern,

Please note that I did not receive my form for annual filing as required. Please accept the Application for Reinstatement with this consideration.

Yours Truly



Len Seider
President