

FROM :

FAX NO. : 6313688453

Oct. 10 2003 10:22AM F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000009893

1. Corporation Name

C. ZAUSNER, P.A.

Principal Place of Business

Mailing Address

7649 TRENT DR
TAMARAC FL 333217649 TRENT DR
TAMARAC FL 33321

If all of the above 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

5. FEI Number

65-1072461

Applied For

Not Applicable

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)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPS	ZAUSNER, CORRINE	7649 TRENT DR	TAMARAC FL 33321

300024636789
11/13/03--01044--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

- ZAUSNER, CORRINE -
7649 TRENT DR
TAMARAC FL 33321

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

REGISTERED AGENT MUST SIGN

Date

11/5/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/03

**C. Zausner, P.A.
7649 Trent Drive
Tamarac, FL 33321**

October 27, 2003

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

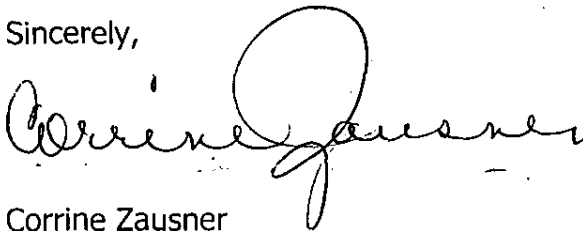
Re: C. Zausner, P.A.
F.E.I.N. - 65-1072461

Dear Sir or Madam:

I am the President of C. Zausner, P.A. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 150.00 for the renewal fee

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "Corrine Zausner". The signature is written in dark ink and is positioned above the printed name and title.

Corrine Zausner
President

Enclosures