

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000054459

1. Corporation Name

THE KAUFMAN ORGANIZATION, INC.

Principal Place of Business

19195 MYSTIC POINTE DR #2607
AVENTURA FL 33180

Mailing Address

19195 MYSTIC POINTE DR #2607
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

18767 Biscayne Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

18767 Biscayne Blvd
Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2001

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	KAUFMAN, JERRY M	19195 MYSTIC POINTE DR #2607	AVENTURA FL 33180
P	Kaufman, Adam	18767 Biscayne Blvd	Aventura, FL 33180

800017192618
04/28/03--01069--018 **900.00

8. Name and Address of Current Registered Agent

COLODNY, MIKE
2000 W COMMERCIAL BLVD STE 232
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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.

5900

SIGNATURE:

SIGNATURE REQUIRED Adam Kaufman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 932-4800

Daytime Phone #

CR2040 (8/02)