

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072377

1. Corporation Name

CAREER SUCCESS, INC.

Principal Place of Business

5900 SW 33RD AVENUE
SUITE 150
FT LAUDERDALE FL 33312

Mailing Address

5900 SW 33RD AVENUE
SUITE 150
FT LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2001

5. FEI Number

65-1123374

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

FRIEDERWITZER, AVIE M

5900 SW 33RD AVE, SUITE 150

FT. LAUDERDALE FL 33312

ST

FRIEDERWITZER, SUSAN S

5900 SW 33RD AVE, SUITE 150

FT. LAUDERDALE FL 33312

400009202864

11/25/02--01063--011 **150.00

8. Name and Address of Current Registered Agent

BENGIO, DANIEL
4100 N 42 AVE
HOLLYWOOD FL 33021

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/19/02

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

11/19/02
Date

954-558-6702
Daytime Phone #

CR2E040 (8/02)

CAREER SUCCESS, INC.
5900 SW 33RD AVENUE
FT LAUDERDALE, FL 33312

October 31, 2002

Department of state
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Corporation renewal

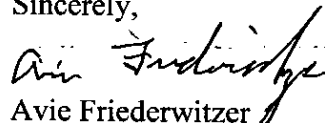
Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I incorporated in 2001 and was unaware that a renewal form had to be mailed. I never received the notice and only found out about it when I received this notice that my corporation had been administratively dissolved. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2002.

Thank you very much for your help and understanding.

Sincerely,


Avie Friederwitzer
President