## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

FILED

## REINSTATEMENT 03 OCT 28 AH 10: 37 **DIVISION OF CORPORATIONS** P01000093756 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name KOTZIG PUBLISHING, INC. REINSTATEMENT Principal Place of Business Mailing Address 2505 N W 2ND AVE 2505 N W 2ND AVE 205 205 **BOCA RATON FL 33431 BOCA RATON FL 33431** 900024198789 10/28/03--01035--016 \*\*150.00 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 Date Incorporated or Qualified To Do Business in Florida 09/24/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 75-2998714 Applied For <del>applied fo</del>r City & State City & State Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director KOTZIG, ALLISON M D 6586 PATIO LANE BOCA RATON FL 38433 BOCA RATON, FL 33496 8700 SURREY LAWE BOCA RATON FL 33433 D KOTZIG, IVAN 6586 PATIO LANE 8760 Surrey BOCA RATON **BOCA RATON FL 33433** VΡ MCCABE, SUSAN 5970 SW 18TH ST 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Address (P.O. Box Number KOTZi KOTZIG.: ALLISON: M. 6586 PATIO LANE Suite, Apt. #, Etc. **BOCA RATON FL 33433** 10. I, being appointed the registers e above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

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 filling 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10 /25/03

Daytime Phone #

Michael I. Daszkal, CPA, P.A. Jeffrey A. Bolton, CPA, P.A. Timothy R. Devlin, CPA, P.A. Michael S. Kridel, CPA, P.A. Marjorie A. Horwin, CPA, P.A.



2401 N.W. Boca Raton Boulevard Boca Raton, FL 33431 t: 561.367.1040 f: 561.750.3236 www.daszkalbolton.com

Division of Corporations Annual Report/Reinstatement Section Post Office Box 6327 Tallahassee, Florida 32314-6327

SUBJECT:

APPLICATION FOR REINSTATEMENT

TAXPAYER:

KOTZIG PUBLISHING, INC.

FEI NUMBER:

75-2998714

Dear Sir or Madam:

The Taxpayer respectfully requests a waiver of the Reinstatement Fee for reasonable cause. The Taxpayer was unaware of an annual filing requirement. In addition, the Taxpayer moved their corporate offices during the year and never received a copy of their Uniform Business Report nor did they receive the second notice mailed on June 6<sup>th</sup>. The Taxpayer requested for the post office to forward all mail to their new address, however the Taxpayer did not receive any correspondence.

The Taxpayer's new address is:

Post Office Box 1836 Delray Beach, Florida 33447-1836

The Taxpayer has attached a check for \$150.00 for reinstatement of the Taxpayer as an active corporation. Please update your records for the new corporate address. If you have any questions, please call me.

Very truly yours,

David M. Thorson, CPA

Manager

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