

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 20 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000114961**

1. Corporation Name

**Corporate Incentive Solutions, Corp.**

**REINSTATEMENT 03-04**

2. Principal Office Address

**1157 Croton Court**

Suite, Apt. #, etc.

City & State

**Weston, FL**

Zip

**33327**

Country

3. Mailing Office Address

**1157 Croton Court**

Suite, Apt. #, etc.

City & State

**Weston, FL**

Zip

**33327**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/5/01**

5. FEI Number

**65-1159306**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Charles P. Kane**

Street Address (P.O. Box Number is Not Acceptable)

**1157 Croton Court**

Suite, Apt. #, Etc.

City

**Weston**

State

**FL**

Zip Code

**33327**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**[Signature]**

REGISTERED AGENT MUST SIGN

Date **5-7-04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>D</b>	<b>Charles P. Kane</b>	<b>1157 Croton Court</b>	<b>Weston, FL 33327</b>

10. 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

**5-7-04 9844480834**

Date

Daytime Phone #

CR2E001 (01/04)

2699 s. bayshore drive  
miami. florida 33133

305 858 5600  
305 856 3284 fax

www.kaufmanrossin.com

May 6, 2004

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Corporate Incentive Solutions, Corp.  
EIN: 65-1159308

Dear Sir or Madam:

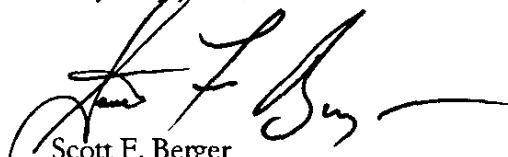
We are the accountants for the above referenced taxpayer and are writing to you on their behalf. In completing the taxpayer year-end, we checked the Department of State website and noticed that the corporation had been dissolved.

Please be advised that the taxpayer has been attending to a major family illness and has been traveling back and forth to Puerto Rico for the past year. Prior to our inquiry, they did not receive any other correspondence or the original report.

Enclosed is the completed Application for Reinstatement, as well as the annual filing fee for 2003 and 2004 in the total amount of \$300.00. Kindly waive the late fee due to the fact that the original report was not received and the taxpayer has complied in the past.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,



Scott F. Berger  
Principal  
Kaufman, Rossin & Co.

Enclosures

cc: Charles P. Kane