## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### **APPLICATION** FOR REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P01498

1. Corporation Name

Principal Place of Business

CONCERNED BUSINESSMEN'S ASSOCIATION	OF	AMERICA.
INC.		

Mailing Address

US	DOMINGUEZ (	-	US	L REY CA 902			IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
If above	addresses are	incorrect in any way, lin	e through incorrect	information a	nd enter correction below.	8 8 6 10 10 1	S 2 H G A SWE A A BUTCH I		
		3. New Mai	ailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/04/1984				
	•		Odite, Apr. #	, 810.		5. FEI Numbe		1 1 2 2 5	
City & Sta	te		City & State			1	95-3658314	Applied For Not Applicable	
Zip	<u>.                                    </u>	Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED \$8.7	5 Additional Fee require	
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Fig	orida nonprofii	corporations must list at lea	ast 3 directors)		a obtained of oldida	
Title(s)	Name of Officers			Street Address of Each Officer and/or Director		)	City / State / Zip		
CET	AYASH, B	ARBARA		4127 VIA	MARINA #413		MARIANA DEL REY CA		
VD	GOULD, MURRAY		320 SO. MANHATTAN PL.406			LOS ANGELES CA			
D	DENNIS, DUBIN			102 LANCASTER AVE.			BRYN MAWR PA		
DMD	AYASH, BARBARA		4127 VIA MARINA #413		<del> </del>	MARIANA DEL REY CA			
DS	PALMQUIST, RICHARD		721 CENTINELA AVE			INGLEWOOD CA			
	8. Nam	e and Address of Curre	ent Registered Age	nt		0. Name and 0			
CHANDLER, CHARLOTTE				9. Name and Address of New Registered Agent Name			gent		
520 CLEVELAND ST			Street Address (P.C		D. Box Number is Not Acceptable)				
CLEAR	RWATER FL (	34615			Suite, Apt. #, Etc.				
					City	•	State	Zip Code	
0. I, being	appointed the	registered agent of the a	above named corpo	ration, am fan	niliar with and accept the obl	inations of Section	on 607 0505 E.S. or 617 0505	FC	

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.

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

SIGNATURE:

Signature of Registered Agen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEGIT TERED AGENT MUST SIGN

Charlotte Chardler by

Date 10-24-02

02 OCT 30 AM 7: 44

SECRETARY OF STATE

# State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA, INC.

Document Number: P01498

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 4th day of October, 2002.

Ji Smith

Jim Smith Secretary of State





## THE CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA

October 25, 2002

Jim Smith
Secretary of State
Florida Department of State
Division of Corporations

Dear Sir:

Thank you for sending me the form notifying us of dissolution. We are sorry that this was not taken care of as usual but the President was taken seriously ill requiring Aneurysm surgery and many things she handled were set aside until her return to work this month.

Thank you for your patience.

Barbara Ayash - CET Barbara ayash

P.S. Our Registered agent is currently unavailable to sign the farm so I have signed it on her kehalf.