

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 29 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034269

1. Corporation Name

CONTRACT OPTIONS, INC

2. Principal Office Address

9365 NW 18th MANOR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

Country

33322

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-22-02

5. FEI Number

04-3654760

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

HORWITZ BRADLEY

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

9365 NW 18th MANOR

Suite, Apt. #, Etc.

City

PLANTATION, FL 33322

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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
P	BRADLEY HORWITZ	9365 NW 18th MANOR	PLANTATION, FL 33322

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 786-942-7970

CR2E081 (01/05)

HOLLANDER & ASSOCIATES, INC.

**11410 North Kendall Drive, Suite 207
Miami, Florida 33176
Tel (305) 275-2557
Fax (305) 275-2588**

April 13, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: Contract Options, Inc.

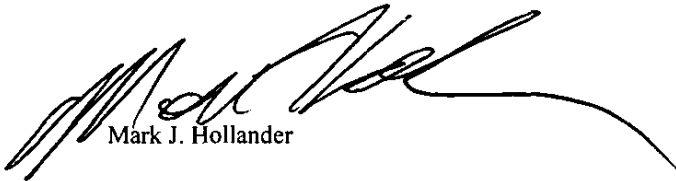
To Whom It May Concern:

This letter is in reference to Contract Options, Inc. We contacted the division last week to discuss the fact that we did not receive our annual report from the Florida Department of State.

Enclosed Please find a check for \$ 450.00

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,



Mark J. Hollander