

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

03-04



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058305

1. Corporation Name

SGO OF SOUTH FLORIDA, INC.

2. Principal Office Address

20401 NE 30TH AVE

3. Mailing Office Address

20401 NE 30TH AVE

Suite, Apt. #, etc.

#324

Suite, Apt. #, etc.

#324

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/2002

5. FEI Number

01-0703672

X

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

JACK WIESENBERG

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

20401 NE 30TH AVE

Suite, Apt. #, Etc.

324

City

AVENTURA

State
FL

Zip Code

33180

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

Date

4/27/04

REGISTERED AGENT MUST SIGN

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
D	JACK WIESENBERG	20401 NE 30TH AVE # 324	AVENTURA, FL 33180
D	MALKA WIESENBERG	20401 NE 30TH AVE # 324	AVENTURA, FL 33180

REINSTATEMENT 03-04

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK WIESENBERG

4/27/04

Date

305-653-6776

Daytime Phone #

CR2E001 (01/04)