

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000070337**

1. Corporation Name

**CAMPUS SUDS ETC., INC.**

Principal Place of Business

Mailing Address

576411 ARBOR CLUB WAY  
BOCA RATON FL 33433

576411 ARBOR CLUB WAY  
BOCA RATON FL 33433



03

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/26/2002

Suite, Apt. #, etc.

**2798 NE 26<sup>TH</sup> TERRACE**

Suite, Apt. #, etc.

**2798 N.E. 26<sup>TH</sup> TERRACE**

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

Zip

**33431-1000**

Country

**USA**

Zip

**33431-7544**

Country

**USA**

5. FEI Number

**03-0473609**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARCUS, MICHAEL C	576411 ARBOR CLUB WAY	BOCA RATON FL 33433
V	MAHARAJ, KRISH G	320 PLAZA REAL APT. 504	BOCA RATON, FL 33432

400023964934  
10/21/03--01038--022 \*\*150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MARCUS, MICHAEL C  
576411 ARBOR CLUB WAY  
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

**MICHAEL C. MARCUS**

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

**2798 NE 26<sup>TH</sup> TERRACE**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State

**FL**

Zip Code

**33431-7544**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**10.10.03**

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 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

**10.10.03**

Date

**561.716.4026**

Daytime Phone #

CR2E040 (7/03)

To Whom it may Concern

We did not receive our first notice  
of the Uniform Business Report.

Please accept \$150.00 for full  
payment of 2003.