

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000091942**

1. Corporation Name

PULP INCORPORATED

Principal Place of Business

3150 SANDY RIDGE DRIVE
CLEARWATER FL 33758

Mailing Address

40 STELLA DRIVE
BRIDGEWATER NJ 08807

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2002

5. FEI Number

35-217 8674

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	KASPER, RANDALL S	3150 SANDY RIDGE DRIVE	CLEARWATER FL 33758

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

Jamie Lynn Rambus

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

8D Westgate Lane

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

Jamie Lynn Rambus
REGISTERED AGENT MUST SIGN

Date

10/16/03

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 (908) 526-6526
Date Daytime Phone #

FILED

03 OCT 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



000024084330
10/24/03--01033--004 **150.00

CR20040 (7/03)



Gillen & Johnson, P.A. *Certified Public Accountants*

182 West High Street
Somerville, NJ 08876

Tel 908-722-6400 Fax 908-722-4853
www.GJ-CPA.com

October 17, 2003

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

Re: Pulp, Inc
35-2178674
902000091942

Dear Florida Department of State;

I write on behalf of my above-named client to request corporate reinstatement. Pulp, Inc. was incorporated in Florida in 2002, and at this point, all operations take place in New Jersey. The President and owner of the Company also resides in New Jersey. My client never received the annual report forms necessary to be in compliance with Florida regulations for timely filing. Secondly, the registered agent has been changed. If any forms had been sent to the prior agent, my client would not have received them, as well.

Enclosed please find a check for the \$150.00 fee, the completed Application for Reinstatement, and Form DR-835 Power of Attorney.

Sincerely,

Bart J. Johnson, CPA, MST

INTU **DR-835**
R 01/00

Power of Attorney and Declaration of Representative

Part I – Power of Attorney

1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, Part I, Section 8)

Taxpayer Name(s) and Address	Taxpayer Identification No(s). (SSN, FEIN, etc)	Florida Tax Registration Number
PULP, INC. 40 STELLA DRIVE BRIDGEWATER, NJ 08807	35-2178674	902000091942
		Daytime Telephone Number
		908-526-6526

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Each representative must be listed individually, and must sign and date this form on page 2, Part II)

Name and Address	Telephone Number
BART JOHNSON 182 W. HIGH ST.- P.O. BOX 477 SOMERVILLE, NJ 08876	(908) 722-6400
	Fax Number
	(908) 722-4853
Name and Address	Telephone Number
	Fax Number
Name and Address	Telephone Number
	Fax Number

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3 Tax Matters

Type of Tax (Corporate, Sales, Intangible, etc)	Tax Form Number (F-1120, DR-15, DR-601, etc)	Year(s)/ Period(s)/ Matter(s)
ANNUAL REPORT	REINSTATEMENT	2002, 2003
INCOME	F-1120	2002, 2003

4 Acts Authorized

The representative(s) are authorized to receive and inspect confidential tax information and to perform **any and all acts** that I (we) can perform with respect to the tax matters described in Section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under Section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

List any specific additions or deletions to the acts otherwise authorized in this Power of Attorney

5 Receipt of Refund

If you want to authorize a representative named in Section 2 to receive, **but not to endorse or cash**, refund warrants, initial here _____ and list the name of that representative below.

Name of representative to receive refund warrants _____

- Taxpayer(s) must complete page 1 of this Power of Attorney, or it will be returned.

6 Notices and Communications

- Notices and other written communications will be sent to the first representative listed in Part I, Section 2, unless taxpayer selects one of the options below.

- a If you want any notices and communications sent to both you and your representative, check this box ☒ **X**
- b If you do not want any notices or communications sent to your representative, check this box ☐
- c If you want the second representative listed to receive such notices and communications, check this box ☐
- d If you want the third representative listed to receive such notices and communications, check this box ☐

7 Retention/Revocation of Prior Power(s) of Attorney

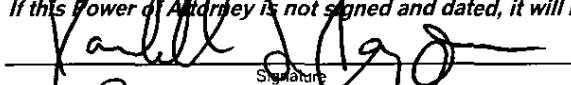
The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box. ☐

You must attach a copy of any Power of Attorney you want to remain in effect.

8 Signature of Taxpayer(s)

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. **Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.**

If this Power of Attorney is not signed and dated, it will be returned.


 Signature
 RANDALL S. KASPER
 Print Name

10/16/03
 Date

PRESIDENT
 Title (If Applicable)

 Signature

 Print Name

 Date

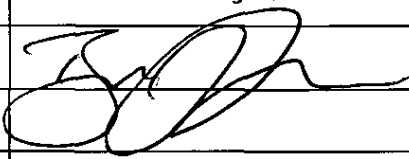
 Title (If Applicable)

Part II – Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
- a Attorney – a member in good standing of the bar of the highest court of the jurisdiction shown below.
- b Certified public accountant – duly qualified to practice as a certified public accountant in the jurisdiction shown below.
- c Enrolled agent/actuary – enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
- d Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
- e Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
- f Other qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

Designation – Insert Above Letter (a - f)	Jurisdiction (State) or Enrollment Card No.	Signature	Date
B	NJ		10/16/03