

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093254

1. Corporation Name

SIX DEGREES, INC

Principal Place of Business

Mailing Address

1801 SOUTH OCEAN DRIVE
703
HOLLYWOOD FL 33019

1801 SOUTH OCEAN DRIVE
703
HOLLYWOOD FL 33019

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/2002

5. FEI Number

22-3867100

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	GENETTI, PATRICIA	1801 SOUTH OCEAN DRIVE, APT. 703	HOLLYWOOD FL 33019

500025328315
12/08/03--01068--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GENETTI, PATRICIA
1801 SOUTH OCEAN DRIVE
703
HOLLYWOOD FL 33019

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

12-3-03 854-536-6424

CR2E040 (7/03)

Mitchell J. Howard

CERTIFIED PUBLIC ACCOUNTANT

December 4, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Six Degrees, Inc.
Period/Form: 2003 UBR
FEIN: 22-3867100

Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the enclosed late filing of the 2003 Uniform Business Report.

The taxpayer did not receive the form via US Mail. However, the address of record is correct. I respectfully request that you consider waiving the penalty that normally follows in this situation, as the penalty is a financial hardship for this For Profit organization. Enclosed is the 2003 payment of \$150.

Your consideration toward this matter is greatly appreciated. Please issue a closing letter directly to the taxpayer upon your determination.

Very truly yours,

Mitchell J. Howard
Mitchell J. Howard

Enclosures