

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 OCT 13 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000097550**

1. Corporation Name

**FAVORS 2 GO, INC.**

Principal Place of Business

21256 ROCK RIDGE DR.  
BOCA RATON FL 33428

Mailing Address

21256 ROCK RIDGE DR.  
BOCA RATON FL 33428

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

09/10/2002

5. FEI Number

48-1275034

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
PD	ROSENTHAL, AMY	21256 ROCK RIDGE DR.	BOCA RATON FL 33428
VSD	ROSENTHAL, MATTHEW	21256 ROCK RIDGE DR.	BOCA RATON FL 33428

800023752958  
10/13/03--01078--011 \*\*750.00

8. Name and Address of Current Registered Agent

GARY M. KRASNA, P.A.  
3010 NORTH MILITARY TRAIL, STE. 210  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/9/03

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

Matthew Rosenthal

Date

10/9/03

Daytime Phone #

561-483-3926