

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 AUG 20 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099762

1. Corporation Name

TALI ISRAEL, PA

Principal Place of Business

Mailing Address

7690 W. COURTYARD RUN
BOCA RATON FL 33433

7690 W. COURTYARD RUN
BOCA RATON FL 33433



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

2. New Principal Office Address, If Applicable

5095 VENTURA DRIVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5095 VENTURA DRIVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/2002

5. FEI Number

56-2298914

Applied For

Not Applicable

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

Zip

33445

Country

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
PSTD	ISRAEL, TAL	7690 W. COURTYARD RUN 5095 VENTURA DRIVE	BOCA RATON FL 33433 DELRAY BEACH, FL 33445

300040322793
08/19/04--01027--001 **300.00

8. Name and Address of Current Registered Agent

ISRAEL, TAL
7690 W. COURTYARD RUN
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

5095 VENTURA DRIVE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33445

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

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 #

CR2E040 (7/03)

2012

Thomas A. Abblett, CPA, PA

Certified Public Accountant

2424 North Federal Highway, Suite 200

Boca Raton, Florida 33431

Tel: 561-393-3130 Fax: 561-361-7395

Email: tom@abblettcpa.com

July 7, 2004

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327


Subject: Tali Israel, PA

Enclosed is a Notice of Administrative Dissolution or Revocation for the 2003 corporate year for Tali Israel, PA. The taxpayer never received the original Annual Report. This form was brought to me when she brought the information to prepare her 2003 corporate income tax returns.

We have made all necessary corrections and attached a check for \$300. The \$300 represents \$150 filing fee for 2003 and the \$150 filing fee for 2004. We respectfully request that you accept this payment and reinstate the corporation to active status.

Please contact me if you have any questions or require any additional information.

Sincerely,



Thomas A. Abblett, CPA