

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 26 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000132188

**1. Corporation Name**

ZADAH HENDERSON & ASSOCIATES, INC.

12036 Washington St.  
320 S FLAMINGO RD Pembroke Pines, FL 33025  
320 S FLAMINGO RD

900039913889  
08/05/04--01063--007 \*\*300.00

**2. Principal Office Address**

12036 Washington St.  
320 S FLAMINGO RD

**3. Mailing Office Address**

320 S FLAMINGO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33025

Country

Zip

33027

Country

REINSTATEMENT 3-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
22-3886423

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

TAX DEFENSE CENTER, INC.

Street Address (P.O. Box Number is Not Acceptable)  
2350 W 84TH STREET

Suite, Apt. #, Etc.  
18

City  
HIALEAH

State  
FL

Zip Code  
33016

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date 7/15/04

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ZADAH HENDERSON	320 S FLAMINGO RD	PEMBROKE PINES, FL 33027

**10. 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:

Zadah Henderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04  
Date

305-865-2000  
Daytime Phone #

CR20081 (01/04)

*Please attach Letter to  
Furnish*

*2 of 2*

**Zadah Henderson & Associates, Inc.  
320 S. Flamingo Rd  
Pembroke Pines, FL 33027  
Tel# 954-668-6401**

April 30<sup>th</sup> 2004

Department of State  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I opened up a new corporation **Zadah Henderson & Associates, Inc.** doc# **P02000132188** on December 13, 2002. I did my corporation the last month of the year. I was unaware I had to renew it in 2003. I thought I had until 2004 to renew the corporation. I also realized that the address on the corporation was wrong and that's why I never received any correspondence for my corporation.

Please accept my apologies for over looking this matter and please accept my check to activate this corporation.

My address is on top of this letter, please accept my apologies. If you have any questions please call me at the number above.

Sincerely



Zadah Henderson  
Zadah Henderson & Associates, Inc.