

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

20000005490

DOCUMENT # P03000001494

1. Corporation Name

ARNOLD SACHS PA

2. Principal Office Address

11440 OKEECHOBEE BLVD, Suite 2

Suite, Apt. #, etc.

216

City & State

ROYAL PALM BEACH, FL

Zip

33411

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

22-3890167

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

ARNOLD SACHS

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

11440 OKEECHOBEE BLVD

Suite, Apt. #, Etc.

SUITE 216

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

200066217572
02/20/06--01001--015 **1053.75

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

REGISTERED AGENT MUST SIGN

Date

1/31/06

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 |
|-------------|--------------------------------------|---------------------------------------------------|-----------------------------------|
| PRES | ARNOLD SACHS | 11440 OKEECHOBEE BLVD | ROYAL PALM BEACH, FL 33411 |
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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:

ARNOLD SACHS

1/31/2006

561-333-7330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #