

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

[illegible]

4. FEI Number <b>58-2675198</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

DATE  
000000062431  
04/03/08-80048-004 150.00

TITLE	D
NAME	SISKIND, RICHARD
STREET ADDRESS	P O BOX 265
CITY - ST - ZIP	BOCA RATON, FL 33429
TITLE	ST
NAME	SISKIND, SUSAN
STREET ADDRESS	P O BOX 265
CITY - ST - ZIP	BOCA RATON, FL 33429
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone #