

2006 FOR PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # P04000031576

1. Entity Name
MICHEL R. BOLLACK, INC.



FILED

2006 OCT 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3200 NE 36 STREET
SUITE 805
FT LAUDERDALE, FL 33308

Mailing Address
3200 NE 36 STREET
SUITE 805
FT LAUDERDALE, FL 33308



2. Principal Place of Business

3. Mailing Address

10192006 REIN-P CR2E098 (11/05)

4. FEI Number
20-1941070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLLACK, MICHEL R
3200 NE 36 STREET
SUITE 805
FT LAUDERDALE, FL 33308

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLLACK, MICHEL 3200 NE 36 STREET, SUITE 805 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100081120951
10/23/06--01052--001 \$150.00

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: *M. Bollack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/06 (954) 5675934

Date

Daytime Phone #

212

**Marsha Huberman
9849 Riverside Drive
Coral Springs, Florida 33071**

October 19, 2006

Florida Department of State
Secretary of State
Sue M. Cobb
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Michel R. Bollack, Inc.
Document # P04000031576
2006

Dear Ms. Cobb:

My client has a history of filing all reports and taxes on a timely basis. The report was not filed because the taxpayer was out of the country and did not receive the form.

Enclosed is the 2006 Form for Profit Corporation Reinstatement and a check for \$150. in full payment of the annual report. We respectfully request that you abate the reinstatement fees as this was the first time the report was not filed timely due to the fact the form was not received.

If you have any questions about the contents of this letter, please contact me.

Sincerely,



Marsha Huberman
Accountant

Encl