

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10032**

1. Corporation Name

THE OFFICE OF SIGMUND BLUM AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~1319 DUVAL STREET~~
~~KEY WEST FL 33940~~

~~1319 DUVAL STREET~~
~~KEY WEST FL 33940~~



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

2. New Principal Office Address, If Applicable
562 CORMORANT COVE

Suite, Apt. #, etc.

City & State
NAPLES FLA.

Zip **34113** Country **COLLIER**

3. New Mailing Office Address, If Applicable
562 CORMORANT COVE

Suite, Apt. #, etc.

City & State
NAPLES FLA.

Zip **34113** Country **COLLIER**

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1986

5. FEI Number

38-1951943

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BLUM, SIGMUND F	1319 DUVAL STREET 562 CORMORANT COVE	KEY WEST FL 33940 NAPLES FL 34113
VPS	BLUM, ALEXANDER	625 ROUND HILL RD.	GREENWICH CT 06831

800008724428
10/31/02 01045-008 **750.00

8. Name and Address of Current Registered Agent

BLUM, CARLOTTA
562 CORMORANT COVE
NAPLES FL 33962

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR20040 (8/02)

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

CarloTTa Blum **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

Sigmund F. Blum **SIGMUND F. BLUM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DET 24 2002 (239) 775-6035