

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P26700**

1. Corporation Name

COMPONENT ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

1330 W. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442
US

1330 W. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1989

5. FEI Number

51-0318901

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ROSOFF, JASON	6133 NW 53RD CIRCLE	CORAL SPRINGS FL 33067
V	HOOVER, CATHY	3731 NE 28 AVE	LIGHTHOUSE POINT FL 33064

100023766471
10/13/03--01099--007 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSOFF JASON E.
6133 NW 53RD CIRCLE
CORAL SPRINGS FL 33067

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

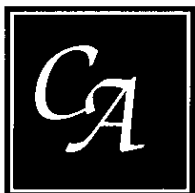
10/10/03

Date

954-360-7800

Daytime Phone #

CR2E040 (7/03)



Component Associates, Inc.
(Established 1989)

October 10, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We just received a "Notice of Administrative Dissolution or Revocation." When going through the details of the notice, it was mentioned that we should have received a couple of other UBRs prior to this one. Unfortunately, this was not the case. This was our first notice received.

Therefore, we have enclosed the completed application and payment without penalty.

Thank you for your time on this matter and for sending out additional copies.

Best regards,

Jason Rosoff
President
Component Associates, Inc.