

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000001171

1. Corporation Name  
RESAN, INC.

Principal Place of Business  
5701 COLLINS AVE  
APT 707  
MIAMI BEACH FL 33140  
US

Mailing Address  
5701 COLLINS AVE  
APT 707  
MIAMI BCH FL 33140  
US

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

2. New Principal Office Address, If Applicable

12240 SW 84th ST

Suite, Apt. #, etc.

Miami, FL

City & State

33184 U.S.A

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1993

5. FEI Number

65-0529159

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	ARBER, REBECCA	2801 NE 183 ST APT 611 5701 Collins Ave #707	N MIAMI BEACH FL 33180 Miami Beach, FL 33140
VSD	FENSTER, SANDRA	800 WEST AVE APT 501 14555 E Country Club Dr	MIAMI BEACH FL 33139 N. Miami Bch, FL 33180
			500002333015--7
			10/29/97-01103-007
			****165.00 ****165.00
			JB 10-28-97

8. Name and Address of Current Registered Agent

ARBER, REBECCA  
2801 NE 183 ST  
APT 611  
N MIAMI BEACH FL 33180

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

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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

Date

Daytime Phone #

10/23/97 (305) 551-2030

CR2E040 (8/97)

RESAN, INC.  
Owner/Operator

# TUTOR TIME®

October 24, 1997

To whom it may concern:


Please be advised that when we received this notice of dissolution, we immediately contacted your offices to determine the reason this had occurred. After speaking to a customer service representative she had brought to our attention that both letters that were sent prior to this resolution were returned back to your offices due to an insufficient address, however, this one we did receive.

If you look back at our history you will see that this has never occurred and we have been incorporated since 1993. We have made the necessary changes on this form to eliminate any further problems in the future.

The representative that we spoke to at your office assured us that if we forwarded the amount of \$165.00 and sent this letter explaining our situation this problem would be resolved and our corporation would be reinstated accordingly.

Thank you for your attention to this matter.

Sincerely,



Rebeca Arber