

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000009310**

1. Corporation Name

Bernard Shinder Consultants, Inc

2. Principal Office Address

7578 Regency Lake Drive

Suite, Apt. #, etc.

101D

City & State

Boca Raton

Zip

33433

Country

USA

3. Mailing Office Address

PO Box 880593

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33488

Country

USA

FILED

Aug 06, 2003 8:00 A.M.
Secretary of State

00002235125002
08/15/03--01057--002 **600:00

4. Date Incorporated or Qualified
To Do Business in Florida

8/8/96

5. FEI Number

65-04751477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Irwin Newman

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

2101 NW Corporate Blvd.

Suite, Apt. #, Etc.

Ste 414

City

Boca Raton

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/5/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Bernard Shinder	7578 Regency Lake Drive	Boca Raton FL 33433
VP	Adele Shinder	7578 Regency Lake Drive	Boca Raton FL 33433

10. 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)(f), 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:

Bernard Shinder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 5, 200 561-367-1317

Date

Daytime Phone #

CR2E081 (10/02)

BERNARD SHINDER
CONSULTANTS, INC.

PO Box 880593

Boca Raton Florida 33488-0593

Telephone: 561-367-9331

Email: bshinder@bellsouth.net

Monday, August 04, 2003

Re: Waiver of Reinstatement Fee

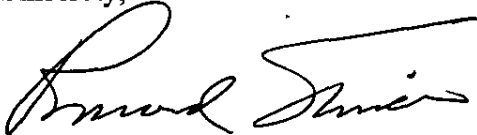
To Whom It May Concern

I have not received any notices from the Department of State regarding Bernard Shinder Consultants, Inc. from the year 2000 to date. Notices were sent to 22594 Meridiana Drive and were not forwarded to the corporation.

I am enclosing a check in the amount of \$600 covering filing fees for past years and trust that you will be good enough to waive the \$600 penalty.

I thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernard Shinder", written in a cursive style.

Bernard Shinder,
President.