

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 25 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011223 (2)

1. Corporation Name

A. GOLDMAN ACCOUNTING & TAX SERVICE  
INC

2. Principal Office Address

3001 S. OCEAN DR

Suite, Apt. #, etc.

116

City & State

HOLLYWOOD, FL.

Zip

33019

Country

BARBADOS

3. Mailing Office Address

3001 S. OCEAN DR.

Suite, Apt. #, etc.

116

City & State

HOLLYWOOD, FL.

Zip

33019

Country

BARBADOS

4. Date Incorporated or Qualified  
To Do Business in Florida

2/2/1994

5. FEI Number

65-0451081

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

ANTHONY GOLDMAN

100004462421-0

-07/06/01--01065--002

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

3001 S. OCEAN DR

\*\*\*\*973.75 \*\*\*\*973.75

Suite, Apt. #, Etc.

116

City

HOLLYWOOD

State

FL

Zip Code

33019

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

*Anthony Goldman*

Date 6/16/01

REGISTERED AGENT MUST SIGN

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	ANTHONY L GOLDMAN	3001 S. OCEAN DR. 116	HOLLYWOOD, FL. 33019
Sec	JUDY E. GOLDMAN	3001 S. OCEAN DR. 116	HOLLYWOOD, FL. 33019

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)(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:

*Anthony Goldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/01

Date

954-921-0297

Daytime Phone #

CR2E081 (9/00)

# A. Goldman

Accounting & Tax Service, Inc.

*Page 2 of 2*

3001 S Ocean Drive

~~#116~~  
HOLLYWOOD, FL 33019

Telephone: 954-921-0297

Pager: 954-808-4110

Fax: 954-925-0980

June 17, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of P94000011223

To Whom it May Concern:

I am applying for reinstatement. In 1996, had moved my mailing address from 815 NW 57<sup>th</sup> Ave, Suite 307, Miami, FL 33126 to 14601 SW 79<sup>th</sup> St, Miami, FL 33183. At that time I sent in a change of address but since then I had never received any corporation annual forms. In 1999, I again moved and no forms have been forwarded to me. I am therefore requesting that the reinstatement fee of \$600. be waived. I am enclosing check number 1007 for \$973.75, which includes \$8.75 for a Certificate of Status.

Thank for your cooperation in this matter. If you should need any additional information, I can be reached at (954)-921-0297.

Sincerely,



Arthur Goldman