

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
96 DEC -2 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011992

1. Corporation Name

SUSON, INCORPORATED

Principal Place of Business

Mailing Address

9662 TRITON COURT  
BOCA RATON, FLORIDA  
33434

9662 TRITON COURT  
BOCA RATON, FLORIDA  
33434

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

2. New Principal Office Address, If Applicable  
9662 TRITON COURT

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FLORIDA

Zip

Country

Zip

Country

33434

PALM BEACH

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida  
9 FEBRUARY 1994

5. FEI Number

Applied For

650487012

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

SE To Administer the Corporation

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT-B.SUSAN GOLDBERG	TREASURER	9662 TRITON COURT	BOCA RATON, FLORIDA 33434
VICE-PRESIDENT-YALE Z. GOLDBERG	SECRETARY	9662 TRITON COURT	BOCA RATON, FLORIDA 33434

000002019150--8  
-12/04/96--01041--006  
\*\*\*\*375.00 \*\*\*\*375.00

B12-3-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YALE Z. GOLDBERG  
9662 TRITON COURT  
BOCA RATON, FLORIDA  
33434

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Yale Z. Goldberg*

REGISTERED AGENT MUST SIGN

Date 25 NOVEMBER 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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:

*Yale Z. Goldberg*

25 NOVEMBER 1996

(561) 488-9224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)