

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

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

2001 UBR

FILED

01 DEC 24 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000029554

1. Corporation Name

FELLUS CORPORATION

Principal Place of Business

427 WEST 45TH STREET  
MIAMI BEACH, FL 33140

Mailing Address

SAME

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/14/94	
City & State		City & State		5. FEI Number	Applied For
				65-0482214	Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3 (Do NOT Use Post Office Box Numbers)	4
D	FELLUS, SHLOMO	427 WEST 45TH STREET	MIAMI BEACH, FL 33140

000004765430--6  
-01/10/02--01077--003  
\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

FELLUS, SHLOMO  
427 WEST 45TH STREET  
MIAMI BEACH, FL 33140

9. Name and Address of New Registered Agent

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

Date

REGISTERED AGENT MUST SIGN

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 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 #

AICPA MEMBER

Tax & Accounting Office of

NHSCPA MEMBER

208

**ALAN N. RAZLA, PA.**

(954) 983 - 9394 Tel

(954) 983 - 6799 Fax

E-mail: [wwwcpa@netzero.net](mailto:wwwcpa@netzero.net)

**Florida Office:**

ALAN N. RAZLA, PA  
3218 Stirling Road  
Hollywood, Florida  
33021

**NH Office**

ALAN N. RAZLA, CPA  
Certified Public Accountant  
26 South Main St. Suite 521  
Concord, NH 03301

B"H

November 26, 2001

Fl Dept. of State  
Fl Div. of Corp.

RE: Fellus Corporation  
Application for Reinstatement  
Document No. P94000029554

Dear Sir or Madam:

I am writing to you on behalf of Fellus Corporation, to request a waiver of penalties associated with reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State. Enclosed please find a copy of the form we obtained from the internet. The company has made a good faith effort to meet the state's filing requirement.

I thank you in advance for your help,

Sincerely,

  
Alan N. Razla, PA

anr:dn