

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Debra Goldman Inc.

194000063954

000008871820
11/07/02--01062--013 **300.00

2. Principal Office Address

840 US Hwy One

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

435

City & State

City & State

North Palm Beach FL

Zip

Country

Zip

Country

33408

USA

4. Date Incorporated or Qualified
To Do Business in Florida

94?

5. FEI Number

650539605

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

Debra Goldman

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

395 Astor St

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

100008475161-8

-10/21/02--01039--002

****150.00 ****150.00

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

Debra Goldman

REGISTERED AGENT MUST SIGN

Date 10-14-02

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
P	Debra Goldman	395 Astor St	Palm Beach Gardens FL 33410

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:

Debra Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-02
Date

561-622-1721
Daytime Phone #

CR2E081 (9/01)

DEBRA JOY GOLDMAN, M.S.

Licensed Mental Health Counselor

840 U.S. Highway One, Suite 435E

North Palm Beach, FL 33408

561-622-1721 Fax 561-622-7449

10-14-02

Dear Sir,

I am asking for the reinstatement fee on this action be waived as I never received any of the paper work in the mail. I moved my business, and it was not until last week that I became aware that my company was inactive. I had never received any of the documents needed to keep the company active. Michelle Milligan indicated that there is record that post-office returned my documents to you.

I have enclosed \$300.00, which I understand is the correct fee for reinstatement at this time. If you have any other questions please contact me at the above number.

Sincerely

Debra Joy Goldman M.S.L.M.H.C.