

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -4 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 194000065114

1. Corporation Name

COGNITIVE DISSONANCE, INC
5324 HAYES STREET
HOLLYWOOD FL 33021

2. Principal Office Address

5324 HAYES STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

3. Mailing Office Address

5324 HAYES STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/94

5. FEI Number

65-0540051

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

RENEE MASON

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

5324 HAYES STREET

Suite, Apt. #, Etc.

800054509628

05/13/05--01046--006 **1050.00

City

HOLLYWOOD

State

FL

Zip Code

33021

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

X Renee F Mason PhD

REGISTERED AGENT MUST SIGN

Date

4/28/05

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
<u>P</u>	<u>RENEE MASON</u>	<u>5324 HAYES STREET</u>	<u>HOLLYWOOD FL 33021</u>

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: X Renee F Mason PhD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (954) 981-3200

Date

Daytime Phone #

CR20081 (01/05)