

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

1996 NOV - 1 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 944000070832

1. Corporation Name

Klaskin, Kushner & Company Inc.

Principal Place of Business

Mailing Address

740 Valencia Ave.  
Coral Gables, FL 33134

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

813 Anastasia Ave.

3. New Mailing Address, if Applicable

813 Anastasia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

9/27/94

5. FEI Number

65-0540164

Applied For

Not Applicable

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Zip

33134

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Arthur Kushner	813 Anastasia Ave.	Coral Gables, FL 33134
SVD	Stuart Klaskin	503 Santander Ave., #4	Coral Gables, FL 33134

100002000121-9  
-11/08/96--01029--011  
\*\*\*\*375.00 \*\*\*\*375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Stuart Klaskin  
740 Valencia Ave.  
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name

Stuart Klaskin

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

503 Santander Ave.

Suite, Apt. #, Etc.

4

City

Coral Gables

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/96

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:

[Signature]

Arthur Kushner, Pres.

10/10/96

305-446-2431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-2040 (12/95)