

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -6 PM 4:17

DOCUMENT # P95000022096

1. Corporation Name

Sally R. Goldberg + Assoc., Inc.

2. Principal Office Address

6840 Via Regina

3. Mailing Office Address

6840 Via Regina

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

March 17, 1995

5. FEI Number

65-0583722

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

Sally Goldberg, Ph.D.

300004725373-4

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

6840 Via Regina

12/13/01-01078-017

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Sally Goldberg Ph.D.  
REGISTERED AGENT MUST SIGN

Date 11/29/01

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

DP

Sally Goldberg, Ph.D.

6840 Via Regina

Boca Raton, FL 33433

11/29/12

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:

Sally Goldberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/01

Date

561-715-9115

Daytime Phone #

SALLY GOLDBERG, Ph.D.  
President

Parent-Child Kits & Books  
Tel (561) 715-9115 Fax (561) 338-5249  
E-mail: [drsally@bellsouth.net](mailto:drsally@bellsouth.net)  
Website: [www.parentingcoalition.org/drsally.htm](http://www.parentingcoalition.org/drsally.htm)

6840 Via Regina  
Boca Raton, FL 33433

November 30, 2001

To Whom It May Concern  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir:

Enclosed is my application to reinstate my corporation Sally R. Goldberg & Assoc., Inc.  
I moved and never received the renewal notice. Thank you very much.

Sincerely yours,

*Sally Goldberg, Ph.D.*  
Sally Goldberg, Ph.D.