

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031117

**1. Corporation Name**

GARY L. GERSTENFELD, CPA P. A.

**2. Principal Office Address**

739 NW 105 DRIVE

Suite, Apt. #, etc.

**City & State**

CORAL SPRINGS, FL

**Zip**

33071

**Country**

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/17/95

**5. FEI Number**

65-0354186

**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**

GARY L. GERSTENFELD

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

739 NW 105 DRIVE

**Suite, Apt. #, Etc.**

**City**

CORAL SPRINGS

**State**

FL

**Zip Code**

33071

**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

*Gary L. Gerstenfeld*  
REGISTERED AGENT MUST SIGN

Date 10/29/03

**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, D	GARY L. GERSTENFELD	739 NW 105 DRIVE	CORAL SPRINGS, FL 33071

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gary L. Gerstenfeld* GARY L. GERSTENFELD 10/29/03 954-346-7622

# Gary L. Gerstenfeld, CPA, P.A.

Certified Public Accountant  
739 N.W. 105 Drive  
Coral Springs, FL 33071

(954) 346-7622  
(800) 618-7677

Fax: (954) 346-3212

October 29, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

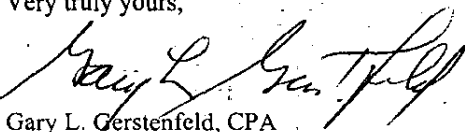
Dear Sir/Madam:

This morning I went on the Florida web site in search of my document number for a return that was being filed and I found that I was listed as being inactive and that my address was incorrect. To the best of my knowledge, I had changed my address when I paid my fee the previous year and I had never considered that I had not received a form or had not filed. I am very careful in reminding my clients to get their UBR forms filed timely but I obviously wasn't nearly as careful on my own behalf. I was so sure that I had filed early that I went back through all my cancelled checks from January thru the end of April but was unable to find a cancelled check. Further, I had never received a second request to file. That request certainly would have jogged my memory. Other than that, there is no reason to not have filed.

When I called to find out what I had to do for reinstatement, I was told to fill out the accompanying form and submit a check in the amount of \$ 150.00 along with my letter of explanation of why I had failed to file.

I do not believe that I have ever before missed the deadline to file the UBR, and, accordingly, I am requesting an abatement of the additional fees that may be charged. Thank you for your consideration.

Very truly yours,



Gary L. Gerstenfeld, CPA