

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 DEC -2 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031787

1. Corporation Name

CONTRACT PARTNERS, INC.

Principal Place of Business

1000 HOLLAND DRIVE, BAY #7
BOCA RATON FL 33487

Mailing Address

1000 HOLLAND DRIVE, BAY #7
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1995

5. FEI Number

65-0649326

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRE

3.75 Additional Fee required
for a Certificate of Status

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
D	GULDEN, KIM	1000 HOLLAND DRIVE, BAY #7	BOCA RATON FL 33487
D	GULDEN, JAMIE	1000 HOLLAND DRIVE, BAY #7	BOCA RATON FL 33487
			600002022296--8 -12/06/96-01069-007 ***245.00 ***245.00
			600002022296--8 -12/06/96-01069-008 ***132.75 ***132.75

8. Name and Address of Current Registered Agent

KIMMELMAN, NED
LAKE WYMAN PLAZA
2424 N. FEDERAL HIGHWAY, SUITE 157
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ned Kimmelman
REGISTERED AGENT MUST SIGN

REQUIRED

Date

9/24/96

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 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:

Ned Kimmelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-96
Date

561-241-8787
Daytime Phone #