

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042232

1. Corporation Name

JOEL SCHWARTZ & ASSOCIATES, INC.

2. Principal Office Address

421 24TH STREET

Suite, Apt. #, etc.

City & State

SANTA MONICA, CA

Zip

90402

Country

3. Mailing Office Address

421 24TH STREET

Suite, Apt. #, etc.

City & State

SANTA MONICA, CA

Zip

90402

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1995

5. FEI Number

65-0586625

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

JEFFREY A. FRIEDMAN

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

1 SW 129TH AVE

Suite, Apt. #, Etc.

SUITE 408

City

PEMBROKE PINES

State
FL

Zip Code

33027

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

Jeffrey A. Friedman

REGISTERED AGENT MUST SIGN

Date 10-17-03

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
D	SCHWARTZ, JOEL C	421 24TH STREET	SANTA MONICA, CA 90402

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:

Joel C. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/04 (310)
387-6746

Daytime Phone #

CP25081 (10/02)

JOEL SCHWARTZ & ASSOCIATES

**421 24th Street
Santa Monica, California 90402**

(310) 393-4375

(800) 690-9127

Fax: (310) 393-4365

(800) 916-7297

E-mail: jcs_pi@earthlink.net

California License #22315

Fed ID#: 65-0586625

October 13, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

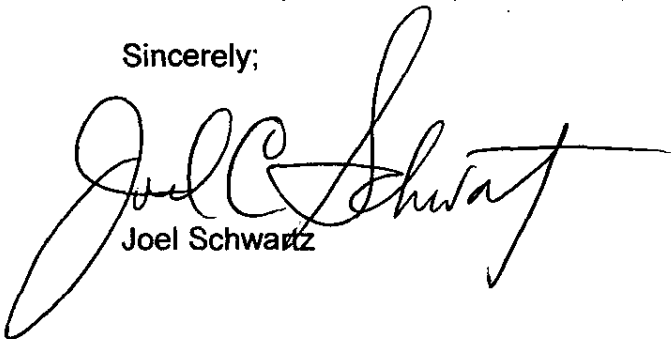
Per my phone conversation of this date with a clerk in your department, I am sending this letter, the Corporation Reinstatement Form downloaded from the Internet and a check for \$150.

Due to changing my mailing address from a private P.O. Box to my home address, I did not receive any notification that my Corporation fees were due in May 2003, nor did I receive any notification that my Corporation would be dissolved. I only discovered the administrative dissolution while checking the internet.

Please note that I have changed my registered agent, due to the fact that the my previous registered agent has retired and closed his office.

Please reinstate my corporation, and, if possible, waive the Reinstatement Fee of \$600.- If you have any questions please feel free to contact me.

Sincerely;



Joel Schwartz