

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059600

1. Corporation Name

JOEL G. GALPERN, C.P.A., P.A.

2. Principal Office Address

1035 N.E. 125 Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

Zip

33161

Country

Miami-Dade

Zip

Country

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

07/31/1995

5. FEI Number

65-0601884

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

Joel Galpern

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

1035 N.E. 125 Street #320

Suite, Apt. #, Etc.

320

City

NORTH MIAMI

State

FL

Zip Code

33161

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

Joel Galpern

REGISTERED AGENT MUST SIGN

Date 11/5/03

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	Joel Galpern	1035 N.E. 125 Street #320	North Miami, FL 33161

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 Galpern
Joel Galpern, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03

Date

305-893-8610

Daytime Phone #

CR2E081 (10/02)

JOEL G. GALPERN, CPA, P.A.

CERTIFIED PUBLIC ACCOUNTANT

CPAHELP FINANCIAL SERVICES

JOEL G. GALPERN, CPA

MEETING LOCATIONS
THROUGHOUT SOUTH FLORIDA

MAIN OFFICE
CPAHELP FINANCIAL BUILDING
1035 N.E. 125TH STREET, SUITE 320
NORTH MIAMI, FLORIDA 33161

MIAMI-DADE: 305-893-8610
BROWARD: 954-435-4171
FAX: 305-893-6057

E-MAIL: CPAHELP@BELLSOUTH.NET
WWW.CPAHELP.NET

November 5, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attention: Reinstatement

To Whom It May Concern:

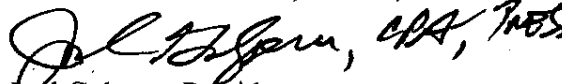
Please accept this check in the amount of \$150.00 for full payment for the 2003 Uniform Business Report.

We did not receive previous notices for filing the UBR.

Please call me if you have any further questions or need any other clarifications whatsoever.

Very truly yours,

JOEL G. GALPERN, C.P.A., P.A.



Joel Galpern, President
Registered Agent

JG/sf