

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000091836**

1. Corporation Name

**ADULT TALK, INC.**

FILED

96 NOV 25 AM 10: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O FISCHLER & FRIEDMAN, P.A.  
116 SE 6TH CT.  
FT. LAUDERDALE FL 33301

C/O FISCHLER & FRIEDMAN, P.A.  
116 SE 6TH CT.  
FT. LAUDERDALE FL 33301

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

REINSTATEMENT

2. New Principal Office Address, If Applicable  
**751 Park of Commerce Drive**

3. New Mailing Office Address, If Applicable  
**751 Park of Commerce Drive**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/30/1995**

Suite, Apt. #, etc.  
**Suite 112**

Suite, Apt. #, etc.  
**Suite 112**

5. FEI Number

**65-0623205**

Applied For

Not Applicable

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip  
**33487**

Country

**Palm Beach**

Zip  
**33487**

Country

**Palm Beach**

6. CERTIFICATE OF STATUS DESIRED ☒ See the Agent's Handbook for details.

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/P/T	NORMAN WILSON	751 Park of Commerce Drive Suite 112	Boca Raton, FL 33487
VP	MICHAEL TINARI	751 Park of Commerce Drive Suite 112	Boca Raton, FL 33487
			700002016917--6 -12/02/96--01018--007 ****183.75 ****183.75

8. Name and Address of Current Registered Agent

FISCHLER, MICHAEL A.  
C/O FISCHLER & FRIEDMAN, P.A.  
116 SE 6TH CT.  
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

**700002016917--6**

**-12/02/96--01018--008**

**\*\*\*\*191.25 \*\*\*\*191.25**

State

**FL**

Zip Code

**33487**

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

**Michael A. Fischler, Esq.** REGISTERED AGENT MUST SIGN

Date

**9/19/96**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/26/96**

Date

**561-995-8886**

Daytime Phone #