PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 AUG -4 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008040

1. Corporation Name

Marc Poznak & Associates, Inc.

REINSTATEMENT 97-03

800021996388
08/01/03--01055--005 **1650.00

2. Principal Office Address		**3.** Mailing Office Address	
8806 Sonoma Lake Blv		8806 Sonoma Lake Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Boca Raton,Fl		Boca Raton,.Fl.	
Zip	Country	Zip	Country
33434	USA	33434	USA

4. Date Incorporated or Qualified To Do Business in Florida 1996

5. FEI Number 65-0651637 ☐ 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: Laura Poznak

Street Address (P.O. Box Number is Not Acceptable): 8806 Sonoma Lake Blvd

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33434

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: Laura Poznak Date: 7/30/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Preside	Marc Poznak	8806 Sonoma Lake Blvd	Boca Raton, Fl 33434
VP	Steven Poznak	9 Hidden Acres Dr	Kinnelon, NJ 07405
Treasur	Marc Poznak	8806 Sonoma Lake Blvd	Boca Raton, Fl 33434
Secreta	Robert Lindeman	1000 4th St	Ft. Lauderdale, Fl 33301

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: July 30, 2003 561-883-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 8/4