

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
~~REINSTATEMENT~~



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

APPROVED  
AND  
FILED

1997 DEC 24 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000013894

1. Corporation Name  
I. ADJUST, INC.

Principal Place of Business  
2555 NE 11TH ST., STE. 110  
FT. LAUDERDALE FL 33304

Mailing Address  
2555 NE 11TH ST., STE. 110  
FT. LAUDERDALE FL 33304



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/12/1996	
Suite, Apt. #, etc. 710		Suite, Apt. #, etc. 710		5. FEI Number 65-0650625	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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	COHEN, LISA L	2555 NE 11TH ST., STE. 110 710	FT. LAUDERDALE FL 33304

900002392729--7  
-01/07/98--01069--016  
\*\*\*\*165.00 \*\*\*\*165.00

168  
12/24/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COHEN, LISA L 2555 NE 11TH ST., STE. 110 FT. LAUDERDALE FL 33304		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 \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: 11-17-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E040 (09/97)

(2)

# DASZKAL, BOLTON & MANELA

~~CERTIFIED PUBLIC ACCOUNTANTS~~  
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

240 W. PALMETTO PARK ROAD, SUITE 300 ■ BOCA RATON, FLORIDA 33432-3761  
TELEPHONE (561) 367-1040 FAX (561) 750-3236

JEFFREY A. BOLTON, CPA, P.A.  
MICHAEL I. DASZKAL, CPA, P.A.  
ROBERT A. MANELA, CPA, P.A.  
TIMOTHY R. DEVLIN, CPA

MEMBER OF THE AMERICAN INSTITUTE  
OF CERTIFIED PUBLIC ACCOUNTANTS

November 19, 1997

Sandra B. Mortham, Secretary of State  
State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: L. Adjust, Inc.  
P96000013894

Dear Secretary Mortham:

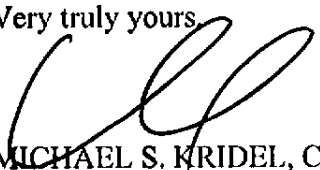
We enclose herewith an Application for Reinstatement and check (in the amount of \$165) for the above-captioned client.

**We respectfully request that the reinstatement fee be waived.** Our client, a novice, one-person operation, was misinformed about the annual report filing requirements and assumed that the 1997 annual report did not have to be filed until the company filed its 1997 income tax return. The failure to timely file and pay was inadvertent and does not reflect an intention to ignore Florida statutes or regulations.

Please contact the undersigned should there be any questions.

Thank you for your consideration.

Very truly yours,



MICHAEL S. KRIDEL, CPA  
Senior Manager  
Litigation and Support Services

MSK/

Enclosure(s), as stated

xc: Ms. Lisa L. Cohen

(3)

# DASZKAL, BOLTON & MANELA

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TIMOTHY R. DEVLIN, CPA

MEMBER OF THE AMERICAN INSTITUTE  
OF CERTIFIED PUBLIC ACCOUNTANTS

December 23, 1997

-Via Federal Express-

Ms. Stacy Prather, Document Specialist  
State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: L. Adjust. Inc.  
P96000013894

Dear Ms. Prather:

We are returning herewith an Application for Reinstatement and check (in the amount of \$165) for the above-captioned client. We also enclose copies of your letter dated November 25 and a subsequent letter dated December 12.

We have corrected the Company's address as there is an incorrect suite number. This error has resulted in numerous instances of undelivered mail to our client, including your response as you can see from the December 12 letter.

We respectfully request, therefore, that the reinstatement fee be waived under the exception noted in paragraph two of your November 25 letter.

Please contact the undersigned should there be any questions.

Thank you for your consideration.

Very truly yours,



MICHAEL S. KRIDEL, CPA  
Senior Manager  
Litigation and Support Services

MSK/

Enclosure(s), as stated

xc: Ms. Lisa L. Cohen