

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000032711**

1. Corporation Name

951 SECOND AVENUE, INC.

Principal Place of Business

**2522 N.W. 63RD LANE
C/O SIDNEY ATZMON
BOCA RATON FL 33496**

Mailing Address

**2522 N.W. 63RD LANE
C/O SIDNEY ATZMON
BOCA RATON FL 33496**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1996

5. FEI Number

65-0672982

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ATZMON, SIDNEY	2522 N.W. 63RD LANE	BOCA RATON FL 33496
D	ATZMON, MIRIAM	2522 N.W. 63RD LANE	BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

**ATZMON, SIDNEY
2522 N.W. 63RD LANE
BOCA RATON FL 33496**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/04/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/04/02

954-967-2830

CR2E040 (8/02)

CPA

BRUCE JAY REINGOLD, P.A.

9033 GLADES ROAD SUITE C
BOCA RATON, FLORIDA 33434
TELEPHONE 561-451-0866 • FACSIMILE 561-487-5691

November 1, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32392

Re: 951 Second Avenue, Inc.
Document #P96000032711

Gentlemen:

Enclosed is the reinstatement document for 951 Second Avenue, Inc. The Taxpayer never received the original document and doesn't know why this would have happened. I had the client go back to his records, and he found that he has always paid this fee.

Therefore, based on the above facts, the client is requesting abatement of penalty since he believes that if he had received the annual report, he would have signed it and mailed it back with a check.

Based on the above facts, I am enclosing a check for \$ 150 to reinstate the corporation.

Thanking you in advance for your assistance and consideration in this matter, I remain,

Very truly yours


Bruce Reingold