

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



700023906837

10/17/03--01055--002 **\$1.25

DOCUMENT # **P96000038899**

1. Corporation Name

SUPER SERIES SEMINAR, INC.

Principal Place of Business

Mailing Address

1048 KANE CONCOURSE
BAY HARBOR FL 33154

1048 KANE CONCOURSE
BAY HARBOR FL 33154

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

04/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	JACOBSON, GILBERT	1048 KANE CONCOURSE	BAY HARBOR FL 33154
D	Steven Oppenheimer	2999 NE 191 St. # 602	Aventura, FL 33180
D	Richard Mautner	2999 NE 191 St. # 602	Aventura, FL 33180

8. Name and Address of Current Registered Agent

JACOBSON, GILBERT
1048 KANE CONCOURSE
BAY HARBOR FL 33154

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

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03 305860328

CR2E040 (7/03)

SUPER
SERIES
SEMINAR

October 9, 2003

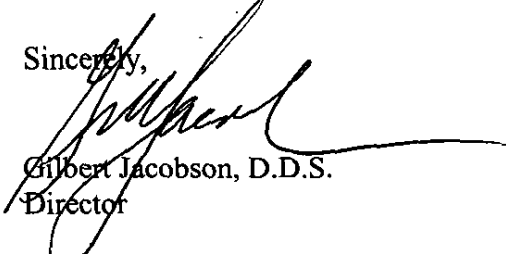
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

Super Series Seminar, Inc. did not receive any prior uniform business report notices. Therefore, the reinstatement fee may be waived.

Enclosed, please find the application for reinstatement as well as a check in the amount of \$61.25.

Sincerely,



Gilbert Jacobson, D.D.S.
Director

GJ:lp
enc