

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**99 OCT 26 PM 3:10**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000047018**

1. Corporation Name

**SURPLUS SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

1500 W CYPRESS CREEK RD  
STE. 505  
FT LAUDERDALE FL 33309  
US

1500 W CYPRESS CREEK RD  
FT LAUDERDALE FL 33309  
US



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

2. New Principal Office Address, If Applicable

**1394 N. STATE RD 7**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**1394 N. STATE RD 7**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/04/1996**

5. FEI Number

**65-0671444**

Applied For

Not Applicable

City & State  
**MARGATE, FL**

City & State  
**MARGATE, FL**

Zip **33063**

Country **USA**

Zip **33063**

Country **USA**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	GOODIN, HEDY	<del>1500 W CYPRESS CREEK RD #505</del>	<del>FT. LAUDERDALE FL</del>
		<b>1394 N. STATE RD 7</b>	<b>MARGATE, FL 33063</b>

**000003038870--6**

**-11/09/99--01007--017**

**\*\*\*150.00 \*\*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GOODIN, HEDY**  
1500 W CYPRESS CREEK RD  
STE. 505  
FT LAUDERDALE FL 33309

Name **GOODIN, HEDY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1394 N. STATE RD 7**  
Suite, Apt. #, Etc.

City **MARGATE**

State **FL**

Zip Code **33063**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

**HEDY GOODIN**

Date **10/20/99**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HEDY GOODIN**

Date **10/20/99** (954) 957-8888

Date

Daytime Phone #

(16)

SURPLUS SOLUTIONS, INC.  
1394 N. STATE ROAD 7  
MARGATE, FL 33063  
(954) 957-8888

Wednesday, October 20, 1999

Division Of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Surplus Solutions, Inc. - Administrative Dissolution & Fees**

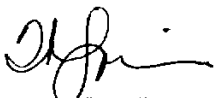
Dear Sirs:

We have just received your Notice of Dissolution, called your offices immediately and they suggested we outline our circumstances for your consideration. Surplus Solutions has filed all of its annual reports on time since its inception in 1996.

During April 1999 my husband (who plays an integral part in this business) fell seriously ill & was required to have 2 major surgeries, one on May 8<sup>th</sup> and one on August 10<sup>th</sup>, both at Coral Springs Medical Center (both which can be verified if you wish). As a result of this medical situation, we were forced to close our office at 1500 W. Cypress Creek Rd, #505, Fort Lauderdale and during this critical time we did not receive most of our mail, including any notices you may have mailed. By the end of September my husband was recuperating nicely and we were then able to re-establish a new office at the above noted address & we are endeavoring to continue in the business.

We are attaching a check in the amount of \$150.00 to cover the 1999 annual fee along with the completed Application For Reinstatement and kindly ask that you waive the reinstatement fee of \$600, especially since we also would have difficulty affording this amount at this time.

We thank you for your consideration & understanding of our circumstances.



Hedy Goodin  
Surplus Solutions, Inc.