

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 15 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PQ7000052018

1. Corporation Name

LAW OFFICE OF KATZ + FRIEDMAN

2. Principal Office Address

1025 S. UNIVERSITY DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address

1025 S. UNIVERSITY DRIVE
Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION

Zip

33324

Country

USA

Zip

33324

Country

USA

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

06/12/97

5. FEI Number

65-0760588

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

Suzanne Friedman, ESQ

Street Address (P.O. Box Number is Not Acceptable)

1025 S. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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**

Suzanne Friedman

REGISTERED AGENT MUST SIGN

Date

3/8/04

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
D	Friedman, Suzanne	1025 S. UNIVERSITY DR. PLANTATION, FL 33324	Plantation, FL 33324
D	Katz, Wendy	1025 S. UNIVERSITY DR.	Plantation, FL 33324

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:

Suzanne Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04
Date

954-915-9151
Daytime Phone #

CR2E081 (01/04)

Law Office of
KATZ & FRIEDMAN
Professional Association

Telephone: (954) 915-9151
Facsimile: (954) 915-9152

Wendy Katz, Esq.*
Suzanne Friedman, Esq.
*Member NY Bar

1025 South University Drive
Office Max Plaza
Plantation, FL 33324

March 10, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Law Office of Katz & Friedman, P.A.
Document #P97000052018
W.J.S.J., Inc.
Document # P01000069076

Dear Sir or Madam:

Enclosed herewith please find the Corporation Reinstatement forms for the above-referenced entities.

We are disputing the Reinstatement fees as we did not receive any notice whatsoever from the Department of State in 2003 for either entity. In addition, our mailing address changed and although we filed a change of address form with the post office, the Annual Report notices were still not received.

In light of the foregoing, enclosed herewith are the fees for 2003 and 2004 for the Annual Reports.

If you have questions regarding the foregoing, please do not hesitate to contact the undersigned.

Yours truly,


Suzanne Friedman, Esq.

Enclosures