

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 26 PM 5:48

DOCUMENT # **P97000062097**

1. Corporation Name

Surrogate Plus, Inc

2. Principal Office Address

5737 Okeechobee

Suite, Apt. #, etc.

#200

City & State

West Palm Bch, FL

Zip

33417

Country

USA

3. Mailing Office Address

5737 Okeechobee

Suite, Apt. #, etc.

#200

City & State

W.P.B., FL

Zip

33417

Country

USA

REINSTATEMENT 0204

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/97

5. FEI Number

650770569

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Jay H Cassman

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

2636 Cranbrook Court

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

Jay H Cassman
REGISTERED AGENT MUST SIGN

Date

4/16/04

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
Pres	Jayne Cassman	2825 Farragut	WPB FL 33409

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:

Jayne D Cassman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

561 616 0240

Daytime Phone #

Surrogate Plus, Inc.

Geriatric Care Management

5737 Okeechobee Blvd., Ste. 200
West Palm Beach, FL 33417
Tel. (561) 616-0240
Fax (561) 616-0994

April 20, 2004

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

re: Document Number P97000062097

Surrogate Plus requests corporate reinstatement with the Division Of Corporations. Due to a mishandled notice from your office, Surrogate Plus was not notified that it was time to file a uniform business report. The result being that our corporation was administratively dissolved by your agency. Enclosed please find a check in the amount of \$450.00 This amount covers the filing fee for each year dissolved and includes the current year's fees. We request that the \$600.00 reinstatement fee be waived as we were not notified of any monies or reports owed by us to you.

Thank you for your time and assistance with this problem. The address listed above has been home to Surrogate Plus since 2000. Hopefully, we will be here a while.

Sincerely,



Jayne D. Gassman
Surrogate Plus, Inc.

enc.