

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC -3 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000001886

1. Corporation Name

C.F.A. & COMPANY, INC.

2. Principal Office Address

5702 DEWEY STREET

Suite, Apt. #, etc.

City & State

HOOLLYWOOD, FL

Zip

33023

Country

USA

3. Mailing Office Address

5702 DEWEY STREET

Suite, Apt. #, etc.

City & State

HOOLLYWOOD, FL

Zip

33023

Country

USA

2001 UBR *

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/98

5. FEI Number

65-0680027

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

JAMES GREEN

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

5702 DEWEY STREET

Suite, Apt. #, Etc.

City

HOOLLYWOOD

State

FL

Zip Code

33023

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

James F. Green

Date 11/28/01

REGISTERED AGENT MUST SIGN

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
P.D.S.T	JAMES GREEN	5702 DEWEY STREET	HOOLLYWOOD, FL 33023

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:

James F. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/01

Daytime Phone #

954-9373

CR2E081 (9/00)

2 of 2

Raquel B. Fontana, CPA
1660 S.W. 131 Terrace
Davie, Florida 33325
(954) 577-8462

October 22, 2001

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

Re: C.F.A. & Company
FEIN 65-0680027
Doc# P98000001886

Dear Sir or Madam,

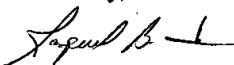
The above named taxpayer has requested that I respond to your notice and Application for Reinstatement on their behalf.

James Green is the owner and operator of this Corporation but has always depended on his bookkeepers to handle these types of deadlines to make sure that all necessary documents and returns are filed timely. This past year he has experienced a problem with two different bookkeepers (both of which are no longer employed there). The bookkeepers received the mail every day and they were throwing things out and filing away paperwork in all different areas of the office and various filing cabinets. As such, the taxpayer never received the original report or the subsequent notice mailed out in June and was not aware that the report had not been filed.

This Notice of Administrative Dissolution or Revocation is the first indication that brought to their attention that they had not filed their annual report by May 1st. As you can see in their history they have always paid their fee on time.

This corporation is trying to get a handle on all the problems caused by these two individuals. I am requesting that you accept the enclosed check for payment in full for their 2001 annual filing and abate all further penalties associated with this filing. There are no changes to the corporate records.

Sincerely,



Raquel B. Fontana
Certified Public Accountant