| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | |
|---|---|
| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | OMPLETING THIS FORM. DIVISION OF CORPORATIONS 03 SEP 15 AM 8:00 |
| DOCUMENT # P9800002146 1. Corporation Name Rance + Inberg + Assoc (nc | 3.00 |
| 65-0807042 | 200022711512 09/18/0301073021 **150.00 |
| 2. Principal Office Address , 3. Mailing Office Address | REINSTATEMENT: 02-03 |
| 7040 W Palmetta PK A | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | 9/2/03 0/092 001 * 750.00 |
| City & State City & State | W Date Incorporated or Qualified Of Cocot 4 To Do Business in Florida |
| Boca Parton 71. | 5. FEI Number 8 4 3 4 1/3 Applied For |
| Zip Country Zip Country | 6. CERTIFICATE OF STATUS DESIRED S8.75 Addanged Fee required |
| 7. Name and Address of Current Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 7488 CHABUS COORT | 20002211512 |
| Suite, Apt. #, Etc. | ! |
| Foca Raton 1 | State Zip Code FL 53433 |
| | |
| Signature of | |
| Registered Agent Date Date 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 Street Address of Each Officers and/or Directors Officer and/or Director | City / State / Zip |
| P Chan Design 7458 Chal | R 4. 7 32/33 |
| 1 Contact State | some para 1 39) |
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| 10. It certify that It am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. If further certify that when filling this reinstatement expectation, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees | |
| owed by the opporation have been bald and the names of individuals listed on this form do not quelify 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: CHORD WOOLD FINEE TINBERG (19 12-2003 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone # | |
| un can reach me at: 561-3943767 | |
| you can reach me at: 561-379 3767 | |
| 116611 574 5455 - 211 (085 | |