APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -8 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P98000022332

SYMPTOM Corporation
5126 SO. STATE Rd 7
Ft. LAUDERDALE FLORIDA 33314

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

-11/16/99--01082--022
*****750.00 *****750.00

3. Date Incorporated or Qualified To Do Business in Florida: MARCH 09, 1998

4. FEI Number: 65-0817674

FEI Number Applied For

FEI Number Not Applicable

5. SB 75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	ANGELICA ZAHK	5126 SO. STATE Rd 7	FT. LAUDERDALE FLORIDA 33314

REINSTATEMENT 96 1 TS

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent and/or Office

Name: ANGELICA ZAHK

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number): 5126 SO. STATE Rd. 7

City and State: FT. LAUDERDALE FL. Zip: 33314

9. 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: X _____ REGISTERED AGENT MUST SIGN Date: 10/31/99

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director: X _____ Date: 10/31/99 Daytime Phone # _____

Typed or printed name of signing officer or director _____

CR2E040 (6/92)