

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 11 AM 11:53

DOCUMENT # P98000039812

1. Corporation Name

SADLON & ASSOCIATES, INC.

Principal Place of Business

100 EAST LINTON BLVD.
STE 127 B
DELRAY BCH FL 33483

Mailing Address

1146 N CENTRAL AVENUE
#537
GLENDALE CA 91202-2502



100015748871

04/11/03--01034--004 **308.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1146 N. Central Ave.

Suite, Apt. #, etc.
537

City & State
Glendale CA

Zip
91202

Country
USA

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1998

5. FEI Number

65-0830979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	SADLON, ELIZABETH	910 JASMINE DR	DELRAY BCH FL 33483
D/P	Sadlon, Elizabeth	1146 N. Central Ave #537	Glendale CA 91202

8. Name and Address of Current Registered Agent

SADLON, ELIZABETH
910 JASMINE DR
DELRAY BCH FL 33483

9. Name and Address of New Registered Agent

Name - Michael Gelfand
Street Address (P.O. Box Number is Not Acceptable)
Gelfand & Assoc., 250 S. Australian Ave
Suite, Apt. #, Etc.
1010
City West Palm Beach State FL Zip Code 33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/31/03

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth Sadlon 3.21.03 818-662-7013

CR2E040 (8/02)

SADLON & ASSOCIATES, INC.
1146 N. Central Avenue #537
Glendale, CA 91202
818.662.7043 phone ☎ 419.735.1384 fax
sadlon@mindspring.com

TO: Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FROM: Elizabeth Sadlon

DATE: March 10, 2003

RE: Reinstatement of Sadlon & Associates, Inc.
FEI 65-0830979

Enclosed please find an application for reinstatement for Sadlon & Associates, Inc. Apparently because of the move of the principal place of business, we did not receive the 2002 notices, so request that the late fees be waived.

Enclosed please find a check for \$308.75 for the 2002 and 2003 profit corporation annual report fee and corporate supplemental fee, plus the additional fee for a Certificate of Status.

Thank you



Elizabeth Sadlon
President