

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 6 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058787

1. Corporation Name

PONYTAIL MANAGEMENT, INC.

600021082706
06/23/03 01099-608 300.00

2. Principal Office Address

4500 Lake Rd

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33137

Country

USA

3. Mailing Office Address

4500 Lake Rd

Suite, Apt. #, etc.

City & State

Miami FL

Zip

FL 33137

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/98

5. FEI Number

65-0847986

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

BRUCE E. LAZAR

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

2901 COLLINS AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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

Bruce E. Lazar

REGISTERED AGENT MUST SIGN

Date

9/3/03

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	JAMES GOLDBERG, PRESIDENT	4500 Lake Road, Miami, FL 33137	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-18-2003

305-438-1334

CR2E081 (1/002)

SOSNIK, BELL & CO., LLC

CERTIFIED PUBLIC ACCOUNTANTS

ONE PARKER PLAZA FORT LEE, N.J. 07024 (201) 461-6464

FAX (201) 461-6864

June 12, 2003

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

To Whom It May Concern:

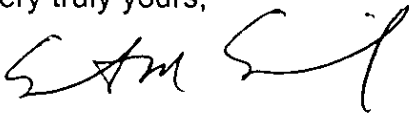
We are the accountants for the above captioned taxpayer. At the clients' request, we are writing this letter requesting that the corporation be reinstated due to the fact that the client has relocated and as a result did not receive the forms mailed to him.

Please waive the reinstatement fee of \$600.00.

Enclosed is a check in the amount of \$300.00, which covers the years 2002 and 2003

Any questions, please call the undersigned.

Very truly yours,



Scott M. Sosnik, CPA

Encl.