

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081142

1. Corporation Name

GOTTFRIED FINANCIAL GROUP, INC.

2. Principal Office Address - No P.O. Box #

2400 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

#517

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

BROWARD

3. Mailing Office Address

2400 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

#517

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

JEFFREY GOTTFRIED

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

2400 E. COMMERCIAL BLVD #517

Suite, Apt. #, Etc.

#517

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-17-2008

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	JEFFREY GOTTFRIED	2400 E. COMMERCIAL BLVD #517	FT. LAUDERDALE, FL. 33308

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 contained in Chapter 119, 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:

JEFFREY GOTTFRIED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2008 954-491-5009
Date Daytime Phone #

FILED

08 MAR 20 PM 2:12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000120819070
03/20/08--01024--019 **1500.00

REINSTATEMENT 03-08

4. Date Incorporated or Qualified
To Do Business in Florida

9-16-1998

5. FEI Number

65-0866938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.