

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -8 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102745

1. Corporation Name

POSNER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

100 LINTON BOULEVARD #302A
DELRAY BEACH FL 33444

100 LINTON BOULEVARD #302A
DELRAY BEACH FL 33444

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

2. New Principal Office Address, If Applicable

10177 SPYGLASS WAY

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON

City & State

City & State

Zip

33498

Country

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1998

5. FEI Number

65-0884621

☒ 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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| D | POSNER, NORMAN | 100 LINTON BOULEVARD #302A | DELRAY BEACH FL 33444 |
| Pres | POSNER NORMAN W | 10177 SPYGLASS WAY | BOCA RATON, FL 33498 |
| Secy | POSNER MONA | 10177 SPYGLASS WAY | BOCA RATON, FL 33498 |
| | | | 900003533479--7 -01/11/01--01096--003 ****750.00 ****750.00 |
| | | | 900003533479--7 -01/11/01--01096--004 ****150.00 ****150.00 |

8. Name and Address of Current Registered Agent

POSNER, NORMAN
100 LINTON BOULEVARD #302A
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name

NORMAN POSNER

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

10177 SPYGLASS WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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.

Signature of
Registered Agent

N. Posner

Date

12 Dec 2000

REGISTERED AGENT MUST SIGN

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:

N. Posner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Nov 2000

Date

Daytime Phone #

561-4709604

CR2E040 (8/00)