

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 26 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102745

1. Corporation Name

POSNER & ASSOCIATES, INC.

2. Principal Office Address

10177 SPYGLASS WAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33498

Country

PALM BEACH

3. Mailing Office Address

10177 SPYGLASS WAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33498

Country

PALM BEACH

REINSTATEMENT 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida DEC. 09, 1998

5. FEI Number  
650884621

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

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

300035786113  
05/07/04--01090--015 \*\*251.00

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

REGISTERED AGENT MUST SIGN

Date

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
PRES	NORMAN POSNER	10177 SPYGLASS WAY	BOCA RATON, FLORIDA 33498
SEC	MONA POSNER	10177 SPYGLASS WAY	BOCA RATON, FLORIDA 33498

300035786113  
06/29/04--01064--008 \*\*300.00

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

4/30/09 561-470-9604  
Date Daytime Phone #

CFR2081 (01/04)