

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 14 PM 12:24

DOCUMENT # **565597**

1. Corporation Name

**E. Gordon And Associates, INC.**

**700066215137**  
02/20/06--01073--027 \*\*450.00

2. Principal Office Address

**2901 NW 19 St**

Suite, Apt. #, etc.

3. Mailing Office Address

**2901 NW 19 St**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale Fla.**

Zip Country

**33311 Broward**

City & State

**Ft. Lauderdale Fla.**

Zip Country

**33311 Broward**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7-8-91**

5. FEI Number

**65-0272589**

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

**Elisha Gordon Jr**

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

**2901 NW 19 St**

Suite, Apt. #, Etc.

City

**Ft. Lauderdale**

**REINSTATEMENT**

State

**FL**

Zip Code

**33311**

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

**Elisha Gordon Jr**

Date

REGISTERED AGENT MUST SIGN

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	Gordon, Elisha Jr	2901 NW 19 St	Ft. Lauderdale FL 33311
V	Gordon, Elisha III	2901 NW 19 St	Ft. Lauderdale FL 33311
T	Gordon, James A.	2901 NW 19 St	Ft. Lauderdale FL 33311
S	Gordon, Elisha	2901 NW 19 St	Ft. Lauderdale FL 33311
M	Gordon, Raymond	2901 NW 19 St	Ft. Lauderdale FL 33311

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:

**Elisha Gordon Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-2-05**

Date

**954-294-3279**

Daytime Phone #

2/2

08 FEBRUARY 2006

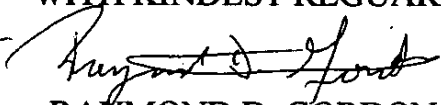
FROM: E. GORDON & ASSOC., INC.  
2901 N.W. 19<sup>TH</sup> STREET  
FORT LAUDERDALE, FL. 33311

TO: WHOM IT MY CONCERN,

I NEVER RECEIVE THE ORIGINAL NOTICES 2004.

I'M RESPECTFULLY REQUESTING THAT YOU WAIVE THE  
REINSTATEMENT FEE.

WITH KINDEST REGUARDS

A handwritten signature in cursive script, appearing to read "Raymond D. Gordon", is written over the printed name.

RAYMOND D. GORDON  
DIRECTOR