

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED *18192*
AND
FILED

1997 MAY -8 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *139710*

1. Corporation Name

The Goldman Group, Inc.

Principal Place of Business

Mailing Address

10330 N. Dale Mabry Hwy.
Ste. 226
Tampa, FL 33618

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/29/92

5. FEI Number

59-3128527

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Todd Goldman	14621 Village Glen Cir.	Tampa, FL 33624
VP	Deb Goldman	14621 Village Glen Cir.	Tampa, FL 33624

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Todd Goldman
10330 N. Dale Mabry Hwy.
Ste. 226
Tampa, FL 33618

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

4/25/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Todd Goldman Pres.

Date

Daytime Phone #

4/25/97

813-264-2772

CR20040 (12/96)



THE GOLDMAN GROUP

10330 North Dale Mabry Highway, Suite 226, Tampa, FL 33618 • Phone 813-264-2772 • Fax 813-264-2343

Publishing Representatives & Consultants

Convention, Exhibit
& Event Management
Contract Publishing

4/25/97

To: Secretary of State

From: Todd Goldman

Publishers of: Patient & Nursing Care Products Therapy Products

Representatives of:

AGD Impact
Air Best
CDS Meeting Program
CDS Review
Day By Day
Florida Medical Journal
Florida Life Underwriters
Bulletin
FMA Today
General Dentistry
Health Insurance Underwriter
International Figure Skating
Massachusetts Dental Journal
Yankee Dental Exhibits Guide
American Library Association:
Information Technology &
Libraries
Journal of Youth Services
Library Administration &
Management
Library Resources & Technical
Services
Public Libraries
Reference and User Services
Quarterly
School Library Media Quarterly

Following is our application for reinstatement.

Last year we did not receive an our application and that is why we did not file.

Thank you for letting us have the opportunity to refile.

Todd Goldman
President