

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 16 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V53791

**1. Corporation Name**

Au Management Corporation

**REINSTATEMENT** 01-02

**2. Principal Office Address**

4521 PGA BLVD.

**3. Mailing Office Address**

4521 PGA BLVD

Suite, Apt. #, etc.

# 330

Suite, Apt. #, etc.

# 330

City & State

PALM BEACH GARDENS FL PALM BEACH GDNS, FL 33418

City & State

Zip

33418

Country

US

Zip

33418

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/29/92

**5. FEI Number**

22-3192865

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

DANIEL TESSLER

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

4521 PGA BLVD

Suite, Apt. #, Etc.

# 330

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

**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

Daniel Tessler

Date 4/10/02

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
<u>Chairman</u> <u>Secy</u>	<u>DANIEL TESSLER</u>	<u>4521 PGA BLVD</u>	<u>PALM BEACH GARDENS, FL 33418</u>
<u>Pres</u>	<u>HANS H KAHN</u>	<u>RD 3 MCKIE HOLLOW RD</u>	<u>CAMBRIDGE, NY 12816</u>

**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:

Daniel Tessler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

301 284 7270

Daytime Phone #

CR2E081 (9/01)