

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 554344

1. Entity Name  
KURZBAN, KURZBAN & WEINGER, P.A.



Principal Place of Business  
2650 S.W. 27TH AVE.,  
2ND FLOOR  
MIAMI, FL 33133

Mailing Address  
2650 S.W. 27TH AVE.,  
2ND FLOOR  
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-1778659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURZBAN, IRA J.  
KURZBAN, KURZBAN & WEINGER P.A.,  
2650 SW 27TH AVE., 2ND FL.,  
MIAMI, FL 33131

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

10/21/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T  
WEINGER, STEVEN M ☐ Delete  
STREET ADDRESS  
2650 SW 27TH AVE. 2ND FL  
CITY-ST-ZIP  
MIAMI, FL 00000,

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800061177928  
11/07/05--01003--007 \*\*150.00

VSD  
KURZBAN, IRA J ☐ Delete  
STREET ADDRESS  
2650 SW 27TH AVE. 2ND FL  
CITY-ST-ZIP  
MIAMI, FL 00000,

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
KURZBAN, MARVIN ☐ Delete  
STREET ADDRESS  
2650 SW 27TH AVE. 2ND FL  
CITY-ST-ZIP  
MIAMI, FL 0,

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA J. Kurzban 10/21/05 305-444-0060

Date

Daytime Phone #

FILED

05 NOV -4 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

