

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 MAY 15 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F 91225 90-97

1. Corporation Name JACK A. NORDEN, P.A.

Mailing Address Principal Place of Business
1815 E. COMMERCIAL BLVD. 1815 E. COMMERCIAL BLVD.
#104 #104
FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308

REINSTATEMENT 90-97

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable		3. New Principal Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1-1-90	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0168249	
Country		Country		Applied For	
				Not Applicable	
CERTIFICATE OF STATUS DESIRED ☐				S\$ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	JACK A. NORDEN	1815 E. COMMERCIAL BLVD. #104	FT. LAUDERDALE, FL 33308

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#05723/97--01056--004
***1697.50 ***1697.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACK A. NORDEN
1815 E. COMMERCIAL BLVD.
#104
FT. LAUDERDALE, FL 33308

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 *Jack A. Norden* PA
REGISTERED AGENT MUST SIGN

Date 5/13/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 of 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., and that all fees owed by the corporation have been paid. 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: *Jack A. Norden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/30/97 Daytime Phone 954-771-4871