

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082455

1. Corporation Name

S. BONNIE SHAFTER, P.A.

Principal Place of Business

Mailing Address

5101 WINDSOR PARKE DRIVE
BOCA RATON FL 33496

5101 WINDSOR PARKE DRIVE
BOCA RATON FL 33496



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

REINSTATEMENT 03

Date Incorporated or Qualified To Do Business in Florida

07/29/2002

5. FEI Number

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	4 City / State / Zip
D	SHAFTER, SUSAN B	5101 WINDSOR PARKE DRIVE	BOCA RATON FL 33496

100024895801
11/20/03--01083--022 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULLIN, JAMES G
2080 N.W. BOCA RATON BLVD.
SUITE #6
BOCA RATON FL 33431

Name
S Bonnie Shafter, PA
Street Address (P.O. Box Number is Not Acceptable)
5101 Windsor Parke DR
Suite, Apt. #, Etc.
City Boca Raton State FL Zip Code 33496

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. or 617.0505, F.S.

Signature of Registered Agent

Susan Shafter
REGISTERED AGENT MUST SIGN

Date

11/14/03

11. 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:

Susan Shafter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/03
Daytime Phone #

CR2E040 (7/03)