

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 28 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000010594

1. Corporation Name

Scott D. Alexander, P.A.

300116247123
01/28/08--01043--010 **608.75

REINSTATEMENT
CRZE081 (12/07) 05-08

2. Principal Office Address - No P.O. Box #

2455 E. Sunrise Boulevard

3. Mailing Office Address

2455 E. Sunrise Boulevard

Suite, Apt. #, etc.

1000

Suite, Apt. #, etc.

Suite 1000

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-04

5. FEI Number

65-122318

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

Scott D. Alexander

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

2455 E. Sunrise Boulevard,

Suite, Apt. #, Etc.

Suite 1000

City

Ft. Lauderdale

State

FL

Zip Code

33304

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Scott D. Alexander

Date 1-23-08

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
PVD	Scott D. Alexander	2455 E. Sunrise Blvd Suite 1000	Ft. Lauderdale, FL 33304
	<i>[Signature]</i>		

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 contained in Chapter 119, 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:

Scott D. Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08

Date

954 463 0100

Daytime Phone #