

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 OCT 17 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000037902**

1. Corporation Name

JILL HERTZBERG, P.A.

Principal Place of Business

Mailing Address

1620 NORTHVIEW DR
MIAMI BEACH FL 33140

1620 NORTHVIEW DR
MIAMI BEACH FL 33140

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0671498

Not Applicable

Zip

Country

Zip

Country

33131

USA

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	HERTZBERG, JILL	1620 NORTHVIEW DR	MIAMI BEACH FL 33140

200023920072
10/17/03--01092--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERTZBERG, ROBERT D
100 SE 2 ST
SUITE 3320
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

Suite 3550

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

10/13/03

Daytime Phone #

305-371-2830

CR20040 (7/03)

LORETTA FABRICANT C.P.A. P.A.



October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Jill Hertzberg, PA
FEIN 65-0671498

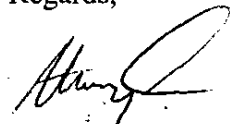
To Whom It May Concern:

We are requesting the one-time abatement of the reinstatement penalties. Our client has been traveling and her employee did not notify her that her UBR came in the mail. She returned to find a notice of dissolution.

Enclosed please find her application for reinstatement as well as her check for \$150. Please reinstate this corporation at your earliest convenience.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Regards,



Stacy Sand, CPA

Faint, illegible text, possibly a footer or additional contact information.