

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P99000002158**

1. Corporation Name  
**OFFENBERG RESEARCH, P.A.**

Principal Place of Business: **311 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114**

Mailing Address: **311 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114**

**FILED**  
 01 OCT 24 AM 11: 38  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



*2001*

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  
**19 Foxford Chase**

4. Date Incorporated or Qualified To Do Business in Florida  
**01/01/1999**

5. FEI Number  
**59-3551809**

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	OFFENBERG, HOWARD L	311 N CLYDE MORRIS BLVD	DAYTONA BEACH FL 32114

100004687481-3  
 -11/19/01--01050--019  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

**GOLDER, GEORGE A**  
**315 E ROBINSON STREET**  
**SUITE 600**  
**ORLANDO FL 32801**

9. Name and Address of New Registered Agent

Name: **Howard L. Offenberg**

Street Address (P.O. Box Number is Not Acceptable): **19 Foxford Chase**

Suite, Apt. #, Etc.:

City: **Ormond Beach** State: **FL** Zip Code: **32179**

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: *[Signature]* Date: **10/18/01**

REGISTERED AGENT MUST SIGN

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]* **Howard Offenberg** Date: **10/18/01** Daytime Phone #: **9042531155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/01)