

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 2:02

DOCUMENT # 572586

1. Corporation Name

M.R. FRIEDMAN & G.A. FRIEDMAN, P.A.

Principal Place of Business

Mailing Address

2600 DOUGLAS ROAD
DOUGLAS CENTRE-SUITE 1011
CORAL GABLES FL 33134-3119

2600 DOUGLAS ROAD
DOUGLAS CENTRE-SUITE 1011
CORAL GABLES FL 33134-3119



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1822753

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FRIEDMAN, MARVIN R.	2600 DOUGLAS RD	CORAL GABLES FL
SD	FRIEDMAN, GARY A.	2600 DOUGLAS RD	CORAL GABLES FL
			500004659285--8 -10/30/01--01055--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRIEDMAN, MARVIN R.
2600 DOUGLAS ROAD
DOUGLAS CENTRE-SUITE 1011
CORAL GABLES FL

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

Marvin R. Friedman

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-16-01

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:

Marvin R. Friedman

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Ross-Friedman October 16, 2001 305/446-6485

Date

Daytime Phone #

CR2E040 (9/01)

LAW OFFICES
FRIEDMAN AND FRIEDMAN
PROFESSIONAL ASSOCIATION

MARVIN ROSS FRIEDMAN
GARY ALAN FRIEDMAN
JOHN S. SELIGMAN

SUITE 1011
2600 DOUGLAS ROAD (S. W. 37TH AVENUE)
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 446-6485
1-800-446-6482
TELEFAX (305) 448-7636
CABLE ADDRESS "BARISTER"
WEBSITE: www.friedmantriallawyers.com
E-MAIL: info@friedmantriallawyers.com

October 16, 2001

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

RE: M.R. Friedman & G.A. Friedman, P.A.
Document #572586

Ladies and Gentlemen:

Enclosed herewith kindly find the application for reinstatement for the above professional association. Also enclosed herein is the filing fee of \$150.00.

This will confirm that we never received any previous statement, bill or application indicating that the fee for this professional association was due and that the Notice of Administrative Dissolution or Revocation was the first notice received.

Very truly yours,

FRIEDMAN AND FRIEDMAN, P.A.



MARVIN ROSS FRIEDMAN

MRF:tf

Enc.

CERTIFIED MAIL - R/R/R - 7000 0520 0018 3856 3543