

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 28 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F38131

1. Corporation Name

LARRY S. SAZANT P.A.

2. Principal Office Address

1920 E. HALLANDALE Bch BLVD

3. Mailing Office Address

1920 E. HALLANDALE
Beach BLVD

Suite, Apt. #, etc.

PH 2

Suite, Apt. #, etc.

PH 2

City & State

HALLANDALE

City & State

FLORIDA

Zip

33009

Country

USA

Zip

33009

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

July 15, 1980

5. FEI Number

59215013

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

LARRY S. SAZANT

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

1920 E. HALLANDALE Beach BLVD

Suite, Apt. #, Etc.

PH. 2

City

HALLANDALE

State

FL

Zip Code

33009

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

Larry S. Sazant
REGISTERED AGENT MUST SIGN

Date

Feb. 26/02

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
Pres	LARRY S. SAZANT	1920 E. HALLANDALE Bch BLVD PH 2	HALLANDALE, FL. 33009

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 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:

Larry S. Sazant LARRY S. SAZANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)