

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

00 NOV -1 AM 11:28

DOCUMENT # 511461

1. Corporation Name

E.A. LAW & CO., INTERNATIONAL, INC.

Principal Place of Business

1980 S. OCEAN BL.
HALLANDALE FL 33009

1800 N Main St
Gainesville, FL 32609

Mailing Address

1980 S. OCEAN DR.
HALLANDALE FL 33009

1800 N. Main St
Gainesville, FL 32609

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1976

5. FEI Number

59-1693638

Applied For

Not Applicable

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	WILKOV, LAWRENCE	4510 FILLMORE ST. 10046 SW 55th Lane	HOLLYWOOD-FL GAINESVILLE, FL 32608
VD	WILKOV, ELINOR	4510 FILLMORE ST. 10046 SW 55th Lane	HOLLYWOOD-FL GAINESVILLE, FL 32608
TS	ALMIRAL, JORGE	10305 S.W. 26TH TERR.	MIAMI FL

8000003472998--U
-11/21/00--01082--015
***750.00 ***750.00

8. Name and Address of Current Registered Agent

WILKOV, LAWRENCE
4510 FILLMORE ST.
HOLLYWOOD-FL 33024

10046 SW 55th Lane
Gainesville, FL 32608

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/15/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01
Date

(352) 372 1198
Daytime Phone #