

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 NOV -7 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 541078

1. Corporation Name

ARNOLD HANTMAN P A

2. Principal Office Address - No P.O. Box #

14030 N W 82 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

14030 N W 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33016

Country

MIAMI DADE

Zip

33016

Country

MIAMI DADE

4. Date Incorporated or Qualified To Do Business in Florida

7/6/1977

5. FET Number

59-1750817

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED NO

\$8.75 Additional Fee required for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

ARNOLD HANTMAN

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

14030 N W 82 AVE

Suite, Apt. #, Etc.

City

MIAMI LAKES, FL

State

FL

Zip Code

33016

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

Date 11/5/2013

REGISTERED AGENT MUST SIGN

400253660774
11/07/13--01018--009 **2850.00

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
P	ARNOLD HANTMAN	14030 N W 82 AVE	MIAMI LAKES, FL 33016
S	PERLA HANTMAN	14030 N W 82 AVE	MIAMI LAKES, FL 33016

REINSTATEMENT

2013-1999

S. HAWKES

NOV 8 2013

EXAMINER

10. E-mail Address: AHANTMAN@AOL.COM 11/5/2013

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-13

Date

Daytime Phone #