

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 13 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 546746

1. Corporation Name

WILLIAM A. LOVE JR., P.A.

Principal Place of Business

Mailing Address

7420 NW 5TH ST.
SUITE 112
PLANTATION FL 33317
US

7420 NW 5TH ST.
SUITE 112
PLANTATION FL 33317
US

Note New Address

Note New Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

300 South Pine Island Rd.
Suite, Apt. #, etc.

Suite 212

City & State
Plantation, FL

Zip Country
33324 US

3. New Mailing Office Address, If Applicable

300 South Pine Island Rd.
Suite, Apt. #, etc.

Suite 212

City & State
Plantation, FL

Zip Country
33324 US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1977

5. FEI Number

59-1755534

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LOVE, WILLIAM A JR	721 W. TROPICAL WAY	PLANTATION FL
			200005610572--7 -05/24/02--01058--001 ****750.00 ****750.00
			200005610572--7 -05/24/02--01058--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

LOVE JR, WILLIAM A
721 WEST TROPICAL WAY
PLANTATION FL 33317

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

REGISTERED AGENT MUST SIGN

Date 4/18/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02 (954) 236-9333