

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 571201

1. Corporation Name

KELLER & KEROFF, P.A.

Principal Place of Business

224 DATURA ST. #1205  
HARVEY BUILDING, SUITE 1205  
WEST PALM BEACH FL 33401

Mailing Address

224 DATURA ST. #1205  
HARVEY BUILDING, SUITE 1205  
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/1978

5. FEI Number

59-1830699

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KELLER, CRAIG C.	224 DATURA ST. #1205	W. PALM BEACH FL
<del>VD</del>	<del>KEROFF, STEPHEN R.</del>	<del>224 DATURA ST. #1205</del>	<del>W. PALM BEACH FL</del>
<del>ST</del>	<del>KEROFF, STEPHEN R.</del>	<del>224 DATURA ST. #1205</del>	<del>W. PALM BEACH FL</del>

8. Name and Address of Current Registered Agent

KELLER, CRAIG C  
224 DATURA ST.  
HARVEY BLDG STE 1205  
WEST PALM BEACH FL 33401-5640

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-17-03

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

Date

Daytime Phone #

11-17-03



REINSTATEMENT

03

FILED

03 NOV 19 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA