

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

10f 2  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 16 PM 12:34

DOCUMENT # 601300

1. Corporation Name

DEUSCHLE & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

800 SE 3RD AVENUE  
STE. 400  
FT. LAUDERDALE FL 33316  
US

800 SE 3RD AVENUE  
SUITE 400  
FT. LAUDERDALE FL 33316  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1363805

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	DEUSCHLE, BRIAN C.	800 SE. 3RD AVE. STE 400	FORT LAUDERDALE FL
S	CRAVEN, KATHRYN R.	800 SE. 3RD AVE. STE 400	FORT LAUDERDALE FL 33316

400004706694--5  
-12/05/01--01080--003  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEUSCHLE, BRIAN C.  
DEUSCHLE & ASSOCIATE, P.A.  
800 SE. 3RD AVE. STE.400  
FORT LAUDERDALE FL 33316

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

Date 11/14/01

REGISTERED AGENT MUST SIGN

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 #

11/14/01 (954) 763-7200

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LAW OFFICES  
**BRIAN C. DEUSCHLE, CHARTERED**

800 SOUTHEAST THIRD AVENUE  
FORT LAUDERDALE, FLORIDA 33316  
TELEPHONE (954) 763-7200  
TELECOPIER (954) 522-7728

November 14, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**RE: Deuschle & Associates, P.A.  
Application for Reinstatement**

Dear Sir or Madam:

You will find enclosed the original Application for Reinstatement for Deuschle & Associates, P.A., together with this firm's check in the amount of \$750.00 representing the reinstatement fee.

Sincerely,

  
Brian C. Deuschle

BCD/kc  
Enclosures