

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 30 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 602558

1. Corporation Name  
APPEL + BROWN P.A.

2. Principal Office Address  
9990 SW 77 AVE

Suite, Apt. #, etc.  
Suite 200

City & State  
MIAMI FL

Zip  
FL 33156

3. Mailing Office Address  
SAM

Suite, Apt. #, etc.

City & State

Zip  
Country

REINSTATEMENT 03-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 11-30-70

5. FEI Number  
591308090

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Anthony Brown

Street Address (P.O. Box Number is Not Acceptable)  
9990 SW 77 AVE

Suite, Apt. #, Etc.  
# 200

City  
MIAMI FL

500075973345  
06/08/06--01003--022 \*\*100.00

State  
FL

Zip Code  
33156

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  
REGISTERED AGENT MUST SIGN

Date 5-25-06

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
Pres	Anthony BROWN	9990 SW 77 AVE #200	MIAMI FL 33156

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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

5-25-06 305-670-2222  
Date Daytime Phone #