

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 APR 15 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 641138

1. Corporation Name

Nina Jacobsohn, P.A.  
~~1985 South~~

Principal Place of Business

Mailing Address

1985 South Ocean Drive  
Bay South Building  
Hallandale, Florida 33009

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

2. New Principal Office Address, If Applicable

As Above

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1279

5. FEI Number

59-1982455

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| Pres.         | Nina Jacobsohn                            | 1985 South Ocean Drive<br>Bay South Building<br>Hallandale, Fl. 33009                          | Hallandale, Fl. 33009   |

100002143571--3

REINSTATEMENT 96-97

A-Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Neal B. Hechtner  
1985 South Ocean Drive  
Bay South Building  
Hallandale, Fl. 33009

Name

Neal B. Hechtner

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

Suite, Apt. #, Etc.

City

Hallandale

State

Zip Code

FL

33009

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

Neal B. Hechtner

Date

4/14/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Nina Jacobsohn

Date

4/11/97 954

Daytime Phone #

457-4357

CR2040 (12/95)



ACCOUNT NO. : 072100000032

REFERENCE : 330883 149835A

AUTHORIZATION : *Patricia Piquito*

COST LIMIT : \$ 915.00

ORDER DATE : April 15, 1997

ORDER TIME : 9:53 AM

ORDER NO. : 330883-005

CUSTOMER NO: 149835A

CUSTOMER: Neal B. Lechtner, Esq  
Neal B. Lechtner, Esq  
Bay South Building  
1985 South Ocean Drive  
Hallandale, FL 33009

DOMESTIC FILINGS

NAME: NINA JACOBSON, P.A.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry  
EXAMINER'S INITIALS

*A. Alan*  
4/15/97

RECEIVED  
97 APR 15 AM 10:38  
DIVISION OF CORPORATION