

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 25 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F60434

1. Corporation Name

SAMUEL I. BURSTYN, P.A.

Principal Place of Business

2 S. BISCAYNE BLVD.  
SUITE 2600  
MIAMI FL 33131  
US

Mailing Address

2 S. BISCAYNE BLVD.  
SUITE 2600  
MIAMI FL 33131  
US

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

12/30/1981

5. FEI Number

59-2131097

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
1. PST	BURSTYN, SAMUEL I.	3050 BISCAYNE BLVD. #701	MIAMI FL
D	BURSTYN, SAMUEL I.	3050 BISCAYNE BLVD. #701	MIAMI FL
			500003491565--7 -12/08/00--01036--006 ****600.00 ****600.00
			700003491567--1 -12/08/00--01036--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BURSTYN, SAMUEL I.  
3050 BISCAYNE BLVD.  
SUITE 701  
MIAMI FL 33137

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/13/00

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/00

Daytime Phone #