

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 APR -5 AM 9:20

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98885

1. Corporation Name

JUDI R. MALE, A.S.I.D., INC.

2. Principal Office Address - No P.O. Box #

7520 SW 57 AVE

3. Mailing Office Address

7520 SW 57 AVE

Suite, Apt. #, etc.

SUITE K

Suite, Apt. #, etc.

SUITE K

City & State

SOUTH MIAMI, FL

City & State

SOUTH MIAMI FL

Zip

33143

Country

USA

Zip

33143

Country

USA

**REINSTATEMENT** 02-07

CR2E08T (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2218838

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MALE MICHAEL H. ESQ.

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

3250 MARY ST

Suite, Apt. #, Etc.

SUITE 303

City

MIAMI

State

FL

Zip Code

33133

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

4/2/07

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
P-D	Judi R. Male	7520 SW 57 AVE # K <del>S. Miami, FL 33143</del>	S. Miami FL 33143
VP-D	Alison Cahlin	7520 SW 57 AVE # K	S. Miami, FL 33143

000098351450  
04/10/07--01039--008 \*\*900.00

10. 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 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

4/2/07

Date

305-667-8666

Daytime Phone #