

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 16 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G06857

1. Corporation Name

S. ROBERT MOUSSOURI, P.A.

Principal Place of Business

Mailing Address

1200 MARINE WAY
APT #B-901
NORTH PALM BEACH FL 33408
US

P O BOX 14878
NORTH PALM BEACH FL 33408
US

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



REINSTATEMENT 96ao

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2241228

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	MOUSSOURI, S ROBERT	1200 MARINE WAY APT. B-901	NO PALM BEACH FL 33408
D	MOUSSOURI, S ROBERT	1200 MARINE WAY APT. B-901	NO PALM BEACH FL 33408

400002031604--4
-12/17/96--01156--002
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOUSSOURI S ROBERT
1200 MARINE WAY
APT #B-901
NORTH PALM BEACH FL 33408

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

S. Robert Moussouri REQUIRED

Date

Dec. 12, 1996

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:

S. Robert Moussouri REQUIRED

12-12-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. ROBERT MOUSSOURI PRES. DIRECTOR