

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # G15274

1. Corporation Name

DENNIS M. USDAN, P.A.

00 OCT 15 AM 9:40

Principal Place of Business

Mailing Address

300 NW 82ND AVE
SUITE 501
PLANTATION FL 33324
US

300 NW 82ND AVE
SUTIE 501
PLANTATION FL 33324
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
Date Incorporated or Qualified To Do Business in Florida

12/27/1982

5. FEI Number

59-2241455

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	USDAN, DENNIS M.	300 NW 82ND AVE SUTIE 501	PLANTATION FL
			200003440702--1 -10/26/00--01069--025 ****750.00 ****750.00

10/11/2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

USDAN, DENNIS M.
300 NW 82ND AVE
SUITE 501
PLANTATION FL 33324

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]
REGISTERED AGENT MUST SIGN

Date

10/11/2000

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.

DENNIS M. USDAN

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/2000

Daytime Phone #

954-474-7600

CR2E040 (3/00)