

APPLICATION  
FOR

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G57625**

1. Corporation Name

**REED S. TOLBER, P.A.**

Principal Place of Business

700 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33316

Mailing Address

700 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33316

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1983

5. FEI Number

59-2324824

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
PST	TOLBER, REED S	700 S. ANDREWS AVE.	FORT LAUDERDALE FL
VD	TOLBER, REES S	700 S. ANDREWS AVE.	FORT LAUDERDALE FL

8. Name and Address of Current Registered Agent

TOLBER, REED S  
700 S. ANDREWS AVE.  
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/22/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

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Law Offices  
**Reed Stewart Tolber**  
A Professional Association

Florida Bar Board Certified  
Civil Trial Attorney

700 South Andrews Avenue  
Fort Lauderdale, FL 33316

Broward (954) 523-4101  
Fax (954) 523-4102

October 22, 2002

Department of State/  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Fl 32314-6327

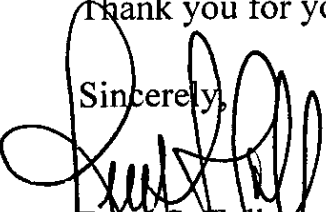
Ladies and/or Gentlemen:

**I did not receive the annual mail-out from your office which would remind me and permit me to renew my professional corporation (association) status.**

Thus, I respectfully request that you accept the regular fee for renewal, \$150.00, which is enclosed along with the reinstatement request.

Thank you for your consideration of the foregoing.

Sincerely,

  
Reed S. Tolber  
Encl.