

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J15936**

i. Corporation Name

MARK B. SLAVIN, P.A.

FILED

03 OCT 17 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1031 N MIAMI BEACH BLVD
N MIAMI BEACH FL 33162

1031 N MIAMI BEACH BLVD
N MIAMI BEACH FL 33162

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1986	
City & State		City & State		5. FEI Number	
Zip		Country		59-2686557	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	SLAVIN, MARK B	1031 N. MIAMI BEACH BLVD	N. MIAMI BEACH FL

700023911947
10/17/03--01080--013 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLAVIN, MARK B
1031 NORTH MIAMI BEACH BLVD
N. MIAMI BEACH FL 33162

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. or 617.0505, F.S.

Signature of
Registered Agent

Mark B. Slavin

REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

Mark B. Slavin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK B. SLAVIN

10/13/03

Date

305-947-1877

Daytime Phone #

CR2E040 (7/03)