

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -7 PM 1:33

DOCUMENT # J31959

1. Corporation Name

MARSHALL S. WISE, P.A.

Principal Place of Business

Mailing Address

% MARSHALL S. WISE  
~~6335 POERLINE RD. #214~~  
~~FT LAUDERDALE FL 33309~~  
US

% MARSHALL S. WISE  
~~6335 POERLINE RD. #214~~  
~~FT LAUDERDALE FL 33309~~  
US

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

2. New Principal Office Address, If Applicable

6300 W. ATLANTIC BLVD

3. New Mailing Office Address, If Applicable

6300 W. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/1986

5. FEI Number

59-2789411

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

MARGATE, FL  
Zip 33063 Country USA

City & State

MARGATE, FL  
Zip 33063 Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	WISE, MARSHALL S.	6300 W ATLANTIC BLVD	MARGATE FL 33063
D	WISE, ANDREA FARR	21710 LITTLE BEAR LN	BOCA RATON FL 33428
			100003506291--7
			12/19/00--01086--023
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

WISE, MARSHALL S  
6300 W ATLANTIC BLVD  
MARGATE FL 33063

9. Name and Address of New Registered Agent

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

*Marshall S. Wise*  
REGISTERED AGENT MUST SIGN

Date

12/4/00

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:

*Marshall S. Wise*  
MARSHALL S. WISE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00  
Date

(954) 984-0422  
Daytime Phone #

CR2E040 (8/00)

-2-

J31959

December 5, 2000

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

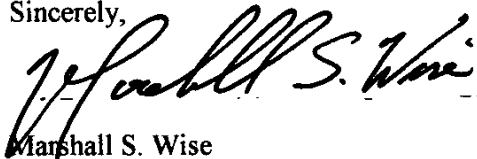
To Whom it May Concern:

Enclosed is my check for \$150.00 to renew my corporation for the coming year. Please except it.

The reason I am requesting exception to the reinstatement fee is because my address *changed* and I was never notified of my renewal nor any warnings. In addition, since 1986 the year of my incorporation, I have been current with my fee every year.

Please update my new address and keep me current of any required notices in the future.

Sincerely,



Marshall S. Wise

MSW/lld  
Encl.