

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J47483**

1. Corporation Name

WILLIAM A. DANIEL, JR., P.A.

Principal Place of Business

Mailing Address

% WILLIAM A. DANIEL, JR.
44 W. FLAGLER ST., SUITE 2000
MIAMI FL 33130
US

% WILLIAM A. DANIEL, JR.
44 W. FLAGLER ST., SUITE 2000
MIAMI FL 33130
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

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1986

5. FEI Number

59-2779105

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PD | DANIEL, WILLIAM A., JR. | 44 WEST FLAGLER ST | MIAMI FL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANIEL, WILLIAM A., JR.
SUITE 2000
44 WEST FLAGLER ST
MIAMI FL 33130

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

William A. Daniel, Jr.
REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

William A. Daniel, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

CR2E040 (7/03)

LAW OFFICES
WILLIAM A. DANIEL, JR., P.A.

COURTHOUSE TOWER • SUITE 2000
44 WEST FLAGLER STREET
MIAMI, FLORIDA 33130 - 1808

BOARD CERTIFIED
IN MARITAL AND FAMILY LAW
BY THE FLORIDA BAR

TELEPHONE (305) 371-2008
TELECOPIER (305) 530-1775
E-MAIL: wdaniel@aol.com

October 15, 2003

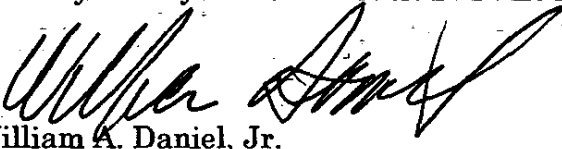
Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Reinstatement of my Corporation

Dear Sir or Madam,

I have enclosed the fully executed Application for reinstatement and my check in the amount of \$150.00 representing the fee to file my report without penalty because I never received the UBR form. Please send it to me, if necessary, and I will promptly fill it out and return it to you.

Thank you for your consideration in this matter,



William A. Daniel, Jr.
WAD/ ic