


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K02254

1. Corporation Name

PAULA BLACK AND ASSOCIATES, INC.

Principal Place of Business

3006 AVIATION AVE.

3A

COCONUT GROVE FL 33133

Mailing Address

3006 AVIATION AVE.

3A

COCONUT GROVE FL 33133

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

5. FEI Number

65-0016832

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	BLACK, PAULA	3006 AVIATION AVE., STE. 3-A	COCONUT GROVE FL
VS	MCGEARY, JANE C	3006 AVIATION AVE.	COCONUT GROVE FL 33133

100002619691-4
-08/19/98-01032-003
*****1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLACK, PAULA
3006 AVIATION AVE.
SUITE 3-A
COCONUT GROVE FL 33133

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

Paula Black

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Paula Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 AUG 11 PM 3:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT

96-98-
11/13/1987

CRS/CAG (7/96)