

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 18 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 40285

1. Corporation Name

MARLOWE J. BLAKE, P.A.

Principal Place of Business

Mailing Address

520 W. Hallandale Beach Blvd.
Hallandale, FL 33009

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

REINSTATEMENT 99-200

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/88

5. FEI Number

59-2876146

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MARLOWE J. BLAKE	520 W. Hallandale Beach Blvd	Hallandale, FL. 33009

500003114075--4

-01/28/00--01027--002

****900.00 ****900.00

8. Name and Address of Current Registered Agent

(S/A) Marlowe J. Blake
520 W. Hallandale
Beach Blvd.
Hallandale, FL
33009

9. Name and Address of New Registered Agent

Name

S/A

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

Marlowe J. Blake
REGISTERED AGENT MUST SIGN

Date 1/3/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

Marlowe J. Blake, Pres. - Marlowe J. Blake, Pres.

1/3/2000

KE

(954) 456-2488