

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 NOV 18 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K45015

1. Corporation Name

THOMSON MURARO RAZOOK & HART, P.A.

Principal Place of Business

800 BRICKELL AVENUE
525
MIAMI FL 33131

Mailing Address

PO BOX 310670
MIAMI FL 33231

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

11/14/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0082743

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	THOMSON, PARKER D.	1207 MARIOLA CT.	CORAL GABLES FL
DP	MURARO, ROBERT E.	800 CLAUGHTON ISLAND DR APT 1504	MIAMI FL 33131
VDT	RAZOOK, RICHARD J.	5765 S.W. 113TH ST.	MIAMI FL
SD	HART, BRIAN A.	4860 HAMMOCK LAKE DRIVE	CORAL GABLES FL 33156

200024805882

11/18/03--01055--026 **750.00

8. Name and Address of Current Registered Agent

THOMSON, PARKER D.
AMERIFIRST BUILDING 17TH FLOOR
1 S.E. 3RD AVE.
MIAMI FL 33131.

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/03 305-358-7200

Daytime Phone #

CR2E040 (7/03)