

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 # K98412

1. Corporation Name

LAW OFFICE OF DEBRA T. KOPROWSKI, P.A.

Principal Place of Business

Mailing Address

% DEBRA T. KOPROWSKI
9000 W. SHERIDAN STREET, STE 175
PEMBROKE PINES FL 33024

% DEBRA T. KOPROWSKI
9000 W. SHERIDAN STREET, STE 175
PEMBROKE PINES FL 33024

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

7744 Taft St.
Suite, Apt. #, etc.
Pembroke Pines,
City & State
FL.

7744 Taft St.
Suite, Apt. #, etc.
Pembroke Pines
City & State
FL.

Zip 33024 Country US

Zip 33024 Country US

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4. Date Incorporated or Qualified To Do Business in Florida

06/28/1989

5. FEI Number

65-0126161

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)

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
PVST	KOPROWSKI, DEBRA T	9000 W. SHERIDAN ST., #175 7744 Taft St.	PEMBROKE PINES FL 33024
D	KOPROWSKI, DEBRA T	9000 W. SHERIDAN ST., #175 7744 Taft St.	PEMBROKE PINES FL 33024

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOPROWSKI, DEBRA T
9000 W SHERIDAN ST
SUITE 175
PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

7744 Taft St.
Suite, Apt. #, Etc.
Pembroke Pines

City

State

Zip Code

FL

33024

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

Debra T. Koprowski
REGISTERED AGENT MUST SIGN

Date

11-16-98

11. This corporation owes or has paid 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:

Debra T. Koprowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-16-98 954-987-8050