

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 FEB 27 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L13168**

1. Corporation Name

**Kenneth, C. Sundheim, Esquire,
Professional Association**

700089980187
03/02/07--01003--008 **750.00

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

310 SW Ocean Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1919

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

Martin

Zip

34995

Country

Martin

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/30/1989

5. FEI Number

650144632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth C. Sundheim

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

310 SW Ocean Blvd

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **2-20-07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	KENNETH C. SUNDHEIM	1886 NE MEDIA AVE.	JENSEN BEACH FL 34957
SEC	ANNETTE CARROLL	156 SHARYON LANE	Jensen Beach FL 34957

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07 772-288-4555

Date

Daytime Phone #

2/28/07