

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED
AND
FILED

99 FEB 12 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L535555**

1. Corporation Name

JANE W MOSCOWITZ PA

Principal Place of Business

Mailing Address

**100 SE 2ND ST
STE 3700**

**100 SE 2ND ST
STE 3700**

MIAMI, FL 33131-2101

MIAMI, FL 33131-2101

REINSTATEMENT 98-99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0181679	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	Jane W Moscovitz	100 SE 2ND ST STE 3700 MIAMI, FL 33131-2101	MIAMI FL 33131-2101

000002778490--9
-02/17/99--01075--025
****750.00 ****750.00
000002778490--9
-02/17/99--01075--026
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JANE W MOSCOWITZ
100 SE 2ND ST STE 3700
MIAMI, FL 33131-2101**

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

Jane W Moscovitz

REGISTERED AGENT MUST SIGN

Date **2/10/99**

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:

Jane W Moscovitz Jane W. Moscovitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-329-6700
Daytime Phone #

CR2000 (1-99)