

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L75011**

1. Corporation Name

SAMUEL J. WEISS, PROFESSIONAL ASSOCIATION

Principal Place of Business

135 E MARKS
ORLANDO FL 32751
US

Mailing Address

135 E MARKS
ORLANDO FL 32803
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1000 East Robinson Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1000 East Robinson Street
Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32801

Country

Orange

Zip

32801

Country

Orange

4. Date Incorporated or Qualified To Do Business in Florida

05/23/1990

5. FEI Number

59-3017851

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WEISS, SAMUEL J.	1000 East Robinson Street	ORLANDO FL 32801

8. Name and Address of Current Registered Agent

WEISS, SAMUEL J.
135 E MARKS
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

Samuel J. Weiss

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

1000 East Robinson Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

SIGNATURE REQUIRED

Date

10/24/00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

pg 2 of 2

Samuel J. Weiss, P.A.
Attorney and Counselor At Law

1000 East Robinson Street
Orlando, Florida 32801

Tel. (407) 999-9500
Fax (407) 999-9555

October 19, 2000

Division of Corporations
Annual Report Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: Samuel J. Weiss, P.A.

Dear Sir or Madam:

Enclosed herein you will find the Application for Reinstatement for the above referenced business together with this firm's check in the amount of \$150.00 payable to Department of State.

Please be advised I did not receive any prior notice to the enclosed Application and therefore request all late fees be waived.

Thank you for your anticipated cooperation.

Very truly yours,



Samuel J. Weiss, Esquire

SJW:mjk