

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 78698

1. Corporation Name

DAVID HOWARD GOLDBERG, P.A.

W1-9343

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

One SE Third Avenue

Suite, Apt. #, etc.

Suite 1280

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

One SE Third Avenue

Suite, Apt. #, etc.

Suite 1280

City & State

Miami, FL

Zip

33131

Country

USA

100170251141
02/23/10--01022--012 **793.75

REINSTATEMENT

06-10

4. Date Incorporated or Qualified
To Do Business in Florida 06/08/1990

5. FEI Number
65-0201965

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

David Howard Goldberg, Esq.

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

One SE Third Avenue

Suite, Apt. #, Etc.

Suite 1280

City

Miami

State

FL

Zip Code

33131

☐ 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

Date

REGISTERED AGENT MUST SIGN

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	David Howard Goldberg, Esq.	One SE Third Avenue, Suite 1280	Miami, FL 33131

100170251141
03/09/10--01001--018 **556.25

10. E-mail Address: debbie@egpl-law.com

(To be used for future annual report notification)

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. I further certify, 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:

David Howard Goldberg, Esq.

561-910-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #