PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 JAN -2 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L83816

1. Corporation Name

Barry G. Roderman & Associates, P.A.

Principal Place of Business	Mailing Address
1000 South Federal Highway, Suite 201 Fort Lauderdale, Florida 33316	

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
4901 N. Federal Highway	
Suite, Apt. #, etc.: Suite 440	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State
Zip: 33308 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/28/90

5. FEI Number: 65-0242388 ☐ 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
D	Barry G. Roderman	4901 N. Federal Highway Suite 440	Fort Lauderdale, FL 33308

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****900.00 ****900.00

REINSTATEMENT 99-10 TS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Barry G. Roderman 1000 South Federal Highway, Suite 201 Fort Lauderdale, Florida 33316	Name: Barry G. Roderman Street Address (P.O. Box Number is Not Acceptable): 4901 North Federal Highway Suite, Apt. #, Etc.: Suite 440 City: Fort Lauderdale State: FL Zip Code: 33308

CR2E081 (12/98)

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 _____ Date 12/27/2000
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: _____ Barry G. Roderman, Director 12/27/00 954/492-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #