

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 20 AM 11:57

DOCUMENT # L89025

1. Corporation Name

Randall L. Sidlosca, P.A.

Principal Place of Business

Mailing Address

REINSTATEMENT

96-00

2. Principal Place of Business

2a. Mailing Address

21 1101 Brickell Avenue

26 1101 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1100

27 Suite 1100

City & State

City & State

23 Miami FL

28 Miami FL

Zip

County

Zip

County

24 33131

25 Miami-Dade

29 33131

30 Miami-Dade

3. Date Incorporated or Qualified

7/20/90

3a. Date of Last Report

4. FEI Number

65-0217037

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Randall L. Sidlosca
1101 Brickell Avenue
#801
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name
Randall L. Sidlosca
82 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue
83 Suite 1100
84 City
Miami
85 Zip Code
FL 33131

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *R.A. Reyes* Randall L. Sidlosca by R.A. Reyes as attorney-in-fact

1-20-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME Randall L. Sidlosca
STREET ADDRESS 1101 Brickell Avenue
CITY-ST-ZIP Suite 1100
Miami, FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE *R.A. Reyes* Randall L. Sidlosca by R.A. Reyes as attorney-in-fact

1-20-00 305-375-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #