

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUL 18 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-05

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

Document #M27339

BRADSHAW LOTSPEICH, P.A.

2. Principal Office Address

443 Espanola Way

3. Mailing Office Address

443 Espanola Way

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/1986

5. FEI Number

592639486

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

Bradshaw Lotspeich

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

443 Espanola Way

Suite, Apt. #, Etc.

Suite 201

City

Miami Beach, Florida

State

FL

Zip Code

33139

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

*Bradshaw Lotspeich*

Date July 13, 2005

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	Bradshaw Lotspeich	443 Espanola Way, Suite 201	Miami Beach, Florida 33139

900057615249  
07/18/05--01071--003 \*\*1658.75

10. 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:

*Bradshaw Lotspeich*

July 13, 2005

305 531 3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/05