

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M28515

1. Corporation Name

DAVID R. CARLISLE, P.A.

2. Principal Office Address - No P.O. Box #
888 Brickell Key Drive

Suite, Apt. #, etc.
1107

City & State
Miami, FL

Zip
33131

Country
USA

3. Mailing Office Address
888 Brickell Key Drive

Suite, Apt. #, etc.
1107

City & State
Miami, FL

Zip
33131

Country
USA

7. Name and Address of Current Registered Agent

Name
David R. Carlisle

Street Address (P.O. Box Number is Not Acceptable)
888 Brickell Key Drive

Suite, Apt. #, Etc.
1107

City
Miami

State Zip Code
FL 33131

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

REGISTERED AGENT MUST SIGN

Date **02/08/2007**

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
PD	David R. Carlisle	888 Brickell Key Drive #1107	Miami, FL 33131

B 2/2/07

REINSTATEMENT 95-07

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 contained in Chapter 119, 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:

David R. Carlisle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2007

Date

305-495-9333

Daytime Phone #

FILED

2007 FEB 28 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700093724457

03/19/07--01032--003 **2550.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **03/07/1986**

5. FEI Number
59-2651903

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.