

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR -5 PM 3:19

FLORIDA DEPARTMENT OF STATE  
ATLANTA, FL, FLORIDA

200091535012  
03/07/07--01004--026 \*\*908.75

**REINSTATEMENT 02-07**  
CR2E081 (1/07)

DOCUMENT # M36331

1. Corporation Name

**Goldberg & Vova, P.A.**

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

4000 Hollywood Blvd

3. Mailing Office Address

4000 Hollywood Blvd.

Suite, Apt. #, etc.

375 South

Suite, Apt. #, etc.

375 South

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/5/86

5. FEI Number

59-2700491

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  
**Philip S. Vova**

Street Address (P.O. Box Number is Not Acceptable)  
**4000 Hollywood Blvd.**

Suite, Apt. #, Etc.  
**375 South**

City  
**Hollywood**

State

FL

Zip Code

33021

☒ 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 **3/2/07**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P/D    | Glen Z. Goldberg                     | 4000 Hollywood Blvd.<br>Suite 375 South           | Hollywood, FL 33021 |
| S/D    | Philip S. Vova                       | 4000 Hollywood Blvd.<br>Suite 375 South           | Hollywood, FL 33021 |
|        | <i>03/3/06</i>                       |   |                     |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07

Date

(954) 966-1598

Daytime Phone #