

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 13 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M48809**

1. Corporation Name

SARAH LEA TOBOCMAN, P.A.

2. Principal Office Address

839 Catalonia Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

839 Catalonia Ave.

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/1987

5. FEI Number

5927918635

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

Sarah Lea Tobocman

600004440146--5

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

839 Catalonia Avenue

-06/26/01--01002--026

******300.00 ****300.00**

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

5/16/01

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
Pres.	Sarah Lea Tobocman	839 Catalonia Avenue	Coral Gables FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/16/01

Daytime Phone #

305-378-6065

CR2ED01 (9/00)

202

Sarah Lea Tobocman, P.A.
839 Catalonia Avenue
Coral Gables, Florida 33134
Phone: 305-972-9415
E-mail: sltpa@mediaone.net

May 16, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporation

Gentlepersons:

I recently became aware that my corporation was declared inactive due to a failure to file an annual report. I changed my law office and became a member of a large firm in April, 1999. I did not receive any annual statement documents in any of my forwarded mail. As a result I did not timely file the proper forms. I respectfully request that you kindly waive all penalty fees and allow my corporation to once again be active. Enclosed is a check made out to the Department in the amount of \$ 300.00 along with an Application for Reinstatement.

Please note the new address on the application for all future mail.

Thank you for your understanding and I look forward to my corporation being reinstated.

Respectfully,

Sarah Lea Tobocman, P.A.

By: 

Sarah Lea Tobocman, President

enclosures