

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N11638

1. Corporation Name

ASSOCIATION OF PUBLIC CORPORATIONS, INC.

Principal Place of Business

Mailing Address

1320 SOUTH DIXIE HWY
SUITE 841
CORAL GABLES FL 33146

C/O LESLIE J. CROLAND
200 S. BISCAYNE BLVD.
MIAMI FL 33131
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Leslie J. Croland
600 Corporate Drive, Suite 514
Ft. Lauderdale, FL
33334 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1985 SP

5. FEI Number

59-2645179

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D	PEKOR, ALLEN	C/O 700 NW 107TH AVE	MIAMI FL 33172
PD	HONIG, BURTON A.	5980 MIAMI LAKES DR.	MIAMI LAKES FL 33014
SD	CROLAND, LESLIE J.	701 BRICKELL AVE. #2000	MIAMI FL 33131
TD	GONNOR, JOHN F.	2 S. BISCAYNE BLVD #2800	MIAMI FL 33131
T	MAJENA, HECTOR S	2 SOUTH BISCAYNE BLVD 28TH FL	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROLAND, LESLIE J
STEEL HECTOR & DAVIS LLP
200 S. BISCAYNE BLVD.
MIAMI FL 33131

Name: Leslie J. Croland, P.A.
Street Address (P.O. Box Number, is Not Acceptable):
600 Edwardse Angell, LLP
Suite, Apt. #, Etc.:
600 Corporate Drive, Suite 514
City: Ft. Lauderdale State: FL Zip Code: 33334

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Leslie J. Croland
REGISTERED AGENT MUST SIGN

Date 10/22/01

11. 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:

Leslie J. Croland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01 954.667.6129

Date Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 24 PM 3:09



REINSTATEMENT 01

CR20040 (8/01)