

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -6 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017097

1. Corporation Name

JONATHAN JONASZ, P.A.

REINSTATEMENT 01-04

2. Principal Office Address

777 Arthur Godfrey

Suite, Apt. #, etc.

Room Fourth Floor

City & State

Miami Beach

Zip
33140

Country

USA

3. Mailing Office Address

777 Arthur Godfrey

Suite, Apt. #, etc.

Room Fourth Floor

City & State

Miami Beach

Zip
33140

Country

USA

000026187420
01/06/04--01082--003 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

February 17, 2000

5. FEI Number

65-0987624

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

JONATHAN JONASZ

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

777 Arthur Godfrey Rd

Suite, Apt. #, Etc.

Fourth Floor

City

Miami Beach

State

FL

Zip Code

33140

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

1/5/04

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
President	Jonathan Jonasz	777 Arthur Godfrey Rd 4th Floor Miami Beach Fla. 33140	

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

Jonathan Jonasz

Date

1/5/2004

Daytime Phone #

305 534-1322
305 534-8668

CR2081 (10/02)