


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -7 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000020668**

1. Corporation Name
FELICE MEHABER, P.A.

600024100946
10/27/03--01006--017 **150.00

REINSTATEMENT 01-03

2. Principal Office Address P.O. Box 2972		3. Mailing Office Address P.O. Box	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HALLANDALE BEACH, FL		City & State HALLANDALE BEACH, FL	
Zip 33008	Country U.S.A.	Zip 33008	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida **2/28/2000**

5. FEI Number ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name FELICE MEHABER, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 20383 N.E. 3RD AVE.	
Suite, Apt. #, Etc. (REDACTED)	
City MIAMI	State / Zip Code FL 33179

600024100946
11/12/03--01025--033 **300.00

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of registered Agent *Felice Mehaber* Date **10/16/03**

REGISTERED AGENT MUST SIGN

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
Tres.	Felice Mehaber	20383 N.E. 3 RD AVE.	MIAMI, FL 33179

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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.

NATURE: *Felice Mehaber* **FELICE MEHABER, P.A.** **10/16/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FELICE MEHABER, P.A.

P.O. BOX 2972
HALLANDALE BEACH, FL 33008
(954) 241-5014

Thursday, October 16, 2003

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

To Whom It May Concern:

I am writing to you on behalf of Felice Mehaber, P.A., to request that you waive the late fees it has incurred. Felice Mehaber, P.A. failed to receive correspondence from the Department of State because the Department sent the correspondence to a former address for Felice Mehaber, P.A. I have completed the Corporation Reinstatement form that states Felice Mehaber, P.A.'s correct address, along with a check in the amount of numbers150.00.

Thank you in advance for your consideration in this matter. If you have any questions please do not hesitate to contact me at the above address and/or telephone number.

Sincerely,



Felice Mehaber
