

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000027411

1. Corporation Name

RICHARD C. KOSKEY, P.A.

FILED

04 JUL 20 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~310 S. UNIVERSITY DRIVE~~
~~PLANTATION FL 33324~~

~~310 S. UNIVERSITY DRIVE~~
~~PLANTATION FL 33324~~



REINSTATEMENT 02-04

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

2. New Principal Office Address, If Applicable

3511 W. COMMERCIAL BLD.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

City & State

FORT LAUDERDALE

City & State

Zip
33309

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2000

5. FEI Number

65-1050126

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KOSKEY, RICHARD C	310 S. UNIVERSITY DRIVE	PLANTATION FL 33324

000039358550
07/21/04 01005-028 **1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOSLEY, RICHARD C
310 S. UNIVERSITY DRIVE
PLANTATION FL 33324

Name

RICHARD C. KOSKEY

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

3511 W. COMMERCIAL BLD.

Suite, Apt. #, Etc.

SUITE # 302

City

FORT LAUDERDALE

State

FL

Zip Code

33309

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

July 1, 2004

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 2004

Date

954.484.7008

Daytime Phone #

CR2E040 (8/02)