

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000042984

1. Corporation Name

RANDI RAPP L.C.S.W. & ASSOCIATES, P.A.

Principal Place of Business

21201 NE 38TH AVE
AVENTURA FL 33180

Mailing Address

21201 NE 38TH AVE
AVENTURA FL 33180

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

2. New Principal Office Address, if Applicable

21150 NE 38 AVE #1406

Suite, Apt. #, etc.

#1406

City & State
Aventura FL

Zip 33180

Country

USA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2000

5. FEI Number

65-1003152

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	RAPP, RANDI	21201 NE 38TH AVE	AVENTURA FL 33180

500004679175--7

-11/14/01--01081--002

***750.00 ***750.00

10/22/01

8. Name and Address of Current Registered Agent

RAPP, RANDI
21201 NE 38TH AVE
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name

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

21150 NE 38 AVE #1406

Suite, Apt. #, Etc.

City

Aventura FL

State

FL

Zip Code

33180

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

Randi Rapp

RANDI RAPP

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:

Randi Rapp

RANDI RAPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

305 785 4063

CR2E040 (8/01)