

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000074661**

1. Corporation Name

PHYLLIS C SANDOW, P.A.

Principal Place of Business

12560 NW 65 DR
PARKLAND FL 33076

Mailing Address

12560 NW 65 DR
PARKLAND FL 33076



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

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2000

5. FEI Number

65-1025963

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
P	SANDRO, PHYLLS C	12520 NW 65 DR.	PARKLAND FL 33076

600023854376

10/16/03 01033 019 **150.00

Phyllis Sandow
10/17

8. Name and Address of Current Registered Agent

SANDOW, PHYLLIS
12560 NW 65 DR
PARKLAND FL 33076

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Phyllis C. Sandow, P.A.
12560 N W 65 Drive
Parkland, Fl 33076

October 14, 2003-

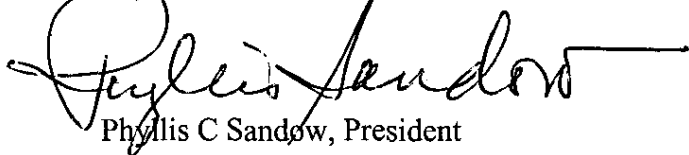
Department of State
Division of Corporations
Tallahassee, Florida

RE: Phyllis C. Sandow, P.A.
P00000074661

Gentlemen:

Enclosed is our reinstatement form for the corporation. We had never receiver any of your prior notices and wish to reinstate the corporation.

Phyllis C. Sandow., P/A.

A handwritten signature in cursive script, appearing to read "Phyllis Sandow", with a long horizontal flourish extending to the right.

Phyllis C Sandow, President