

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 10 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 100000076384

1. Corporation Name

CURTIS E. WILKINSON, P.A.

1102000032875

2. Principal Office Address

1613 N. HIATUS ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

1613 N. HIATUS ROAD

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33326

Country

BROWARD

Zip

33326

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/11/2000

5. FEI Number

65-1031569

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

MARK A. MALATAK, CPA

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

1489 NW 126th WAY

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323-3195

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

[Signature]

Date 10/31/2002

REGISTERED AGENT MUST SIGN

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
O/D	CURTIS E. WILKINSON	13243 NW 8th STREET	PEMBROKE PINES, FL 33028

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]

Curtis E. Wilkinson

10/31/2002 (954) 432-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

js 12/12

1613 North Hiatus Road
Pembroke Pines, Florida 33026
Tel: (954) 432-0005 Fax: (954) 432-005

Curtis E. Wilkinson, P.A.

November 2, 2002

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed please find one original and executed copy of a **Corporate Reinstatement** form for my corporation, Curtis E. Wilkinson, P.A. The form has been completed to reinstate my corporation effective immediately along with changing the original *Registered Agent*.

Additionally, please find attached our corporate check payable to Department of State in the amount of \$750.00. This amount was determined by using the on-line corporate inquiry calculation form. The amount represents fees for the corporate refilling fee (\$600.00), Annual Report Fee (\$61.25) and Supplement fee reversing the 2002 dissolution (\$88.75).

We would appreciate your immediate attention to this request. If, however, you need any additional information to expedite this request, please contact our accountant, Mark A. Malatak, at (305) 795-2209 x26.

In advance, thank you for your cooperation.

Sincerely,

CURTIS E. WILKINSON, PA



CURTIS E. WILKINSON

President - Director/Officer

CEW:MAM: -----

Attachments