

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 17 AM 10:14

DOCUMENT # P00000093717

1. Corporation Name

David Restainer PA

**REINSTATEMENT** 02-06

2. Principal Office Address

1239 15 Street

3. Mailing Office Address

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/2000

5. FEI Number

65-1044353

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

DAVID RESTAINER

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

1239 15TH STREET

Suite, Apt. #, Etc.

#9

City

Miami Beach, FL

State

FL

Zip Code

33139

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 1/6/06

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
P	DAVID RESTAINER	1239 15TH STREET	Miami Beach, FL 33139

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 contained in Chapter 119, 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]* PRESIDENT

1/6/06

305-532-6017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18

2/2

**Brito & Brito Accounting**  
**407 Lincoln Road, Suite 500**  
**Miami Beach, FL 33139**  
**Corporate Accounting and Business Development**  
**Tel: (305) 534-9292/ Fax: (305) 534-7534**  
*britogeorge@aol.com/britoandbrito@aol.com*

January 10, 2006

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

Re: DAVID RESTAINER P.A.  
Doc#- P00000093717

To Whom It May Concern:

This Letter is to abate all penalties to the above mentioned tax payer. Please be aware that this tax payer never received the Annual Report for DAVID RESTAINER P.A., in order to reinstate the Corporation.

Attached is a check for \$750.00 for above Corporation.

Please note that the above taxpayer is our client and if you have any question please feel free to contact us.

Sincerely,



George L. Brito  
Accountant/CPA