PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

2001 UBL

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

198

FILED
01 OCT 25 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094476

1. Corporation Name

MIKAEL BRUNNBERG P.A.

Principal Place of Business	Mailing Address
3901 SOUTH OCEAN DRIVE #1410 HOLLYWOOD FL 33019	3901 SOUTH OCEAN DRIVE #1410 HOLLYWOOD FL 33019

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1125 Lemonwood St	1125 Lemonwood St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL.	City & State: Hollywood, FL.
Zip: 33019 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/06/2000

5. FEI Number: - Applied For [X] 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BRUNNBERG, MIKAEL	3901 SOUTH OCEAN DRIVE #1410	HOLLYWOOD FL 33019
		1125 Lemonwood St.	
			500004679445--4 -11/14/01--01090--018 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

MIKAEL BRUNNBERG P.A
1125 Lemonwood. St
Hollywood, FL. 33019

9. Name and Address of New Registered Agent

Name: MIKAEL BRUNNBERG
Street Address (P.O. Box Number is Not Acceptable): 1125 Lemonwood St
Suite, Apt. #, Etc.:
City: Hollywood, FL State: FL Zip Code: 33019

CR2E040 (8/01)

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

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: _____ 10-22-01 954 522-7520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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October 23, 2001

Division of Corporations
Annual Report/reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen,

Please accept my check for $150.00 for my corporation annual report. As you can see, the notice you sent out has just been received at my new address, which was forwarded to the State along with my change of name from Mikael Brunnberg, Inc. to Mikael Brunnberg, P.A. I never received my annual report from my current registered agent.

If you need to contact me in reference to this letter, please call me at (954) 522-7520. Also please accept my sincere apology for the late payment. I am sure the mailing address was not updated.

Thank you,

Mike Brunnberg