

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000094476

1. Corporation Name

MIKAEL BRUNNBERG P.A.

Principal Place of Business

3901 SOUTH OCEAN DRIVE
#1410
HOLLYWOOD FL 33019

Mailing Address

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

1125 Lemonwood St
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1125 Lemonwood St
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

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
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.
Hollywood, FL
City
FL
State
Zip Code
33019

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

Mikael Brunnberg
REGISTERED AGENT MUST SIGN

Date

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 #

10-22-01 954 522-7520

202

October 23, 2001

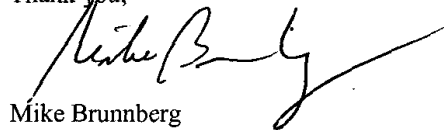
Division of Corporations
Annual Report/reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

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