

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000107051

1. Corporation Name

LAW OFFICES OF ERIC L. BRONFELD, P.A.

Principal Place of Business

Mailing Address

2501 EAST COMMERCIAL BLVD., SUITE 201
FT. LAUDERDALE FL 33308

2501 EAST COMMERCIAL BLVD., SUITE 201
FT. LAUDERDALE FL 33308

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2000

5. FEI Number

651055064

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRONFELD, ERIC L	2501 EAST COMMERCIAL BLVD., SUIT	FT. LAUDERDALE FL 33308
			400004717164--6 -12/10/01--01100--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BRONFELD, ERIC L
2501 EAST COMMERCIAL BLVD., SUITE 201
FT. LAUDERDALE FL 33308

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.

Signature of
Registered Agent

Date

10/14/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/01 9546893850

CR2E040 (8/01)

MARVIN H. HERSH, CFP, RIA

Specialist in Taxes, Audits, Pensions and Insurance

552 May Lane East Meadow, N.Y. 11554

(516) 485-7335

DIVISION OF CORPORATIONS

OCT 14, 2001

P.O. Box 6327

TALLAHASSEE, FL 32314-6327

ATT: UNIFORM BUSINESS REPORT SECTION

DEAR Sir / MADAM

My son who recently opened a law office in Florida sent me the enclosed report for my review. Please be advised of the following. I have been an accountant for over thirty four years and have never been late in filing a tax return or report without the proper extensions. My son and myself were novices and little knew to the Florida laws.

In view of the above we would greatly appreciate if you could abate the penalty or reduce it to a more comfortable amount. Thank you

Certified Financial Planner ♦ Registered Investment Advisor