

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

1 of 2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000108094

01 OCT 16 PM 1:13

1. Corporation Name

ROBERT MASKIN, P.A.

Principal Place of Business

900 BAY DRIVE SUITE 804
MIAMI BEACH FL 33141

Mailing Address

900 BAY DRIVE SUITE 804
MIAMI BEACH FL 33141



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	ROBERT MASKIN	900 BAY DR - STE 804	MIAMI BEACH, FL 33141
V. PRES	AMITA MASKIN	900 BAY DR - STE 804	MIAMI BEACH, FL 33141

7000004655047--4
-10/26/01--01055--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MASKIN, ROBERT
900 BAY DRIVE SUITE 804
MIAMI BEACH FL 33141

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.

AD

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-11-01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-01 305-868-1810

Date

Daytime Phone #

CR20-00 (801)

2

ROBERT MASKIN, CIPS P.A.

B'H

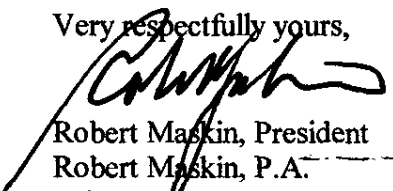
October 11, 2001
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Madame Secretary:

On October 11, 2001, I received a "Notice of Administrative Dissolution or Revocation" for Robert Maskin, P.A. I called your office to 850-245-6059 and explained to the person who answered the phone that that I never had received a notice to file its 2001 corporation annual report/uniform business report. He explained that I should remit immediately a check in the amount of \$150.00 for a renewal of the corporation, see enclosed.

Thank you in advance for your associate's counsel. Please be assured this will never happen again for if I do not receive such a request in the mail next year, I shall call your office to obtain the appropriate forms! I remain.

Very respectfully yours,


Robert Maskin, President
Robert Maskin, P.A.
Tel: 305-868-1810

900 Bay Drive-804
Miami Beach
Florida
33141

Phone: 305-868-1810
Fax: 305-861-3262
Email: mrobertmaskin@aol.com