

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007980

1. Corporation Name

HOFFMAN & SONTAG, P.A.

Principal Place of Business

Mailing Address

1041 TUPELO WAY
WESTON FL 33327

1041 TUPELO WAY
WESTON FL 33327



600008786726
11/04/02--01077--004 **150.00

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

2999 N.E. 191 St.

2999 N.E. 191 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701

Suite 701

City & State

City & State

Aventura, FL

Aventura, FL

Zip

33180

Country

U.S.A.

Zip

FL 33180

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2001

5. FEI Number

65-1073884

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 |
|--------------|--------------------------------------|---|----------------------------|
| D | HOFFMAN, EVAN A | 1041 TUPELO WAY | WESTON FL 33327 |
| D | SONTAG, MARK S | 1434 BARCELONA WAY | WESTON FL 33327 |
| D | Sontag, Mark S | 2999 NE 191 St #701 | Aventura, FL 33180 |
| D | Evan A. Hoffman | 2999 NE 191 St. #701 | Aventura, FL 33180 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOFFMAN, EVAN A
1041 TUPELO WAY
WESTON FL 33327

Name

Evan A. Hoffman

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

2999 N.E. 191 St.

Suite, Apt. #, Etc.

#701

City

Aventura

State

FL

Zip Code

33180

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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

Evan A. Hoffman

Date

10/22/02

Daytime Phone #

(305) 938-2595

LAW OFFICES OF
HOFFMAN & SONTAG

PROFESSIONAL ASSOCIATION
2999 N.E. 191ST STREET • SUITE 701
AVENTURA, FLORIDA 33180

EVAN A. HOFFMAN
MARK S. SONTAG

DADE: (305) 933-2595
BROWARD: (954) 349-4456
FAX: (305) 933-2596


October 28, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

This letter is to inform the Florida Department of State that Hoffman & Sontag, P.A. had not received the two prior uniform business report notices. We are requesting that the reinstatement fee be waived. Enclosed is a completed application for reinstatement and a check in the amount of \$150.00 for as indicated for a profit corporation. Thank you for your attention to this matter.

Sincerely,



Evan A. Hoffman
Registered Agent