

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000020231**

1. Corporation Name

VERA ECKARDT, P.A.

Principal Place of Business

11329 SW 74 TERRACE
MIAMI FL 33173

Mailing Address

11329 SW 74 TERRACE
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable
908 NW 135th Court

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33182

Country
U.S.

3. New Mailing Office Address, If Applicable
908 NW 135th Court

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33182

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/2001

5. FEI Number

65-1099501

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ECKARDT, VERA	11329 SW 74 TERRACE	MIAMI FL 33173
CFO	SEYMOUR, ADAM	11329 SW 74 TERRACE	MIAMI FL 33173

8. Name and Address of Current Registered Agent

ECKARDT, VERA
11329 SW 74 TERRACE
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name **Vera Eckardt**
Street Address (P.O. Box Number is Not Acceptable)
908 NW 135th Court
Suite, Apt. #, Etc.
City **Miami, FL** State **FL** Zip Code **33182**

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

REGISTERED AGENT MUST SIGN

Date

12/01/03

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

Vera Eckardt

Date

12/01/03

Daytime Phone #

786-282-3332

FILED

03 DEC 26 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

3

700025760597
12/26/03-01005-011 **150.00

CR2E040 (7/03)

Vera Eckardt, P.A.
Vera Eckardt
908 NW 135th Court
Miami, FL 33182

Miami, 12/20/2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations

Ref: Vera Eckardt, P.A. / FEI Number: 65-1099501

Dear Ms. Wood:

In response to your notice of administrative dissolution or revocation of the above-mentioned corporation please accept this letter as an explanation for this oversight.

I just recently got divorced, and as you can see on the corporation notice, the address registered there is 11329 SW 74th Terrace. My ex-husband neglected to forward me any of my mail including your uniform business reports.

I am kindly asking you to reinstate my Vera Eckardt, P.A. corporation without a penalty. The \$ 150.00 check for filing the report is enclosed.

Please also note my new address for all future correspondence at

Vera Eckardt
908 NW 135th Court
Miami, FL 33182

Should you have any further questions regarding this matter, please feel free to contact me at 786-282-3332.

I appreciate your cooperation in this matter.

Regards


Vera Eckardt
Vera Eckardt, P.A.
President