

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

THE BORELL LAW FIRM, P.A.

700023817577  
10/15/03--01040--011 \*\*150.00

REINSTATEMENT 03

2. Principal Office Address

9130 South Dadeland Blvd.

Suite, Apt. #, etc.

1509

City & State

MIAMI, FL

Zip

33152

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-5-01

5. FEI Number

65-1116932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MICHAEL BORELL

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

782 NW 42 AVE.

Suite, Apt. #, Etc.

#332

City

MIAMI

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Michael Borell*

REGISTERED AGENT MUST SIGN

Date 10-09-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	THOMAS BORELL	9130 S. DADELAND BLVD #1509	MIAMI, FL 33152

10. 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

10-9-03

Date

305-670-8182

Daytime Phone #

CR2E081 (10/02)

71 10/13

LAW OFFICES  
THOMAS L. BORELL, ESQ.  
ATTORNEY AT LAW  
TWO DATRAN CENTER  
SUITE 1509  
9130 SOUTH DADELAND BLVD.  
MIAMI, FLORIDA 33156

TELEPHONE: (305) 670-8182

FACSIMILE: (305) 670-5596

October 9, 2003

Florida Dept. of State  
Division of Corporations  
Tallahassee, FL

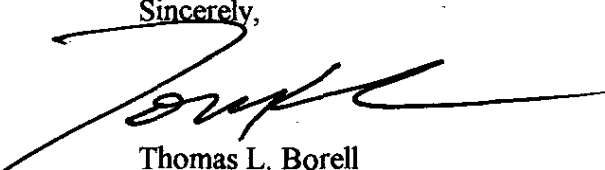
Re: Request for waiver of late fee

To Whom it May Concern:

I would ask that you waive the late fee to reinstate "The Borell Law Firm, P.A." as we did not receive the annual report UBR form. WE had moved a couple of years ago and perhaps this is why we did not receive the document.

Enclose dis my check for \$ 150.00, please advise if our waiver request is accepted or if not, we will forard the additional money. Please, just let us know.

Sincerely,



Thomas L. Borell  
TRLB:mg  
Enclosure