

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

102
FILED

02 OCT 28 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065616

1. Corporation Name

DEBRA SUE SEVER, P.A.

Principal Place of Business

4813 SW 118TH TERR
COOPER CITY FL 33330

Mailing Address

4813 SW 118TH TERR
COOPER CITY FL 33330

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2001

5. FEI Number

65-1120587

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
PSTD	SEVER, DEBRA S	4813 SW 118TH TERR	COOPER CITY FL 33330

100008617071
10/28/02--01052--018 **158.75

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST, 4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Debra Sue Sever

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

4813 SW 118 terr

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33330

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
Debra Sue Sever

RED

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
Debra Sue Sever PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Sue Sever PA

Date

Daytime Phone #

954-914-2631

CR2E040 (8/02)

282

October 24,2002

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please accept my \$150.00 payment for reinstatement and wave the \$750.00 fee due to the fact that I did not receive the uniform business report notices. I called and verified my address and found it to be correct however, the notice I believe went to my registered agent and my registered agent never notified me. I apologize for this but do solemnly testify that I never received the notices.

Thank you very much for your attention to this matter . Should you need to contact me I can be reached my cell phone at (954)914-2631.

Sincerely,



Debra Sue Sever