

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 SEP 24 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-01000065947**

1. Corporation Name

Jeffrey Papen, PA

2. Principal Office Address - No P.O. Box #

300 Meridian Ave

3. Mailing Office Address

300 Meridian Ave

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Miami Beach FL Miami Beach FL

City & State

Zip

Country

33139

US

Zip

Country

33139

US

7. Name and Address of Current Registered Agent

Name

Rozalia Turi

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

300 Meridian Ave #6

Suite, Apt. #, Etc.

Miami Beach, FL 33139

City

State

Zip Code

FL

4. Date Incorporated or Qualified
To Do Business in Florida

July 3 2001

5. FEI Number

65-1118526

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Rozalia Turi

REGISTERED AGENT MUST SIGN

Date **Sept 23, 08**

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
President	Jeffrey Papen	300 Meridian Ave #6	Miami Beach FL 33139

000136311890
09/24/08--01041--003 **600.00

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 contained in Chapter 119, 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

Sept 23, 08 305-725

Date

Daytime Phone #

5496