


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION**  
**REINSTATEMENT**



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

FILED

03 APR 18 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000067979**

1. Corporation Name

**Sweeney AT LAW, P.A.**

2. Principal Office Address

**1466 NW 13th Terrace**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip

Country

Zip

Country

**33125**

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7-5-01**

5. FEI Number

**69-1128285**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**900016323989**

**04/18/03--01057--001 \*\*150.00**

**1-20-03 01068 002 \$150.00**

yBR  
02-03

7. Name and Address of Current Registered Agent

Name

**SEAN SWEENEY**

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

**1466 NW 13th Terrace**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33125**

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

**Sean Sweeney**

REGISTERED AGENT MUST SIGN

Date **1/20/03**

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
0	Sweeney, Sean M	1466 NW 13th Terrace Miami, FL 33125	Miami, FL 33125

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:

**Sean Sweeney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/19/02**

Date

**305 545 8866**

Daytime Phone #

CR2008 (9/01)

13

2082

**HOLLANDER & ASSOCIATES**

**Accountants & Consultants**

**11410 North Kendall Drive, Suite 207  
Miami, Florida 33176  
Tel (305) 275-2557  
Fax (305) 275-2588**

March 14, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

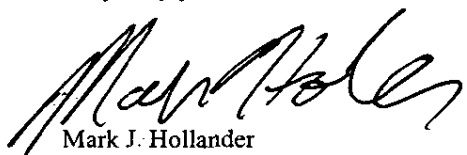
Ref: Sweeney AT Law, P.A.

To Whom It May Concern:

This letter is in reference to Sweeney AT Law, P.A. We contacted the division last week to discuss the fact that we have never received an annual report from the State of Florida, or any other form of correspondence as well. We were instructed to write this letter and ask for an abatement of penalties in this matter, and include a check to the Florida Dept. of State for \$ 150.00.

WE appreciate your time in this matter, please do not hesitate to contact me at your convenience. Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,



Mark J. Hollander