

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -3 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000073909**

1. Corporation Name

STEPHEN H. NELSON, P.A.

Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE
SUITE 2000
MIAMI FL 33131

1001 BRICKELL BAY DRIVE
SUITE 2000
MIAMI FL 33131

SR



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

REINSTATEMENT 2003

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

777 Brickell Ave #200

777 Brickell Ave #1200

City & State
Miami, FL

City & State
Miami, FL

5. FEI Number

65-1133374

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33131

USA

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PTS | NELSON, STEPHEN H | 1001 BRICKELL BAY DRIVE SUITE 20 <i>777 Brickell Ave. #1200</i> | MIAMI FL 33131 |
| VP | NELSON, STEPHEN H | 1001 BRICKELL BAY DRIVE SUITE 20 | MIAMI FL 33131 |
| | | | |
| | | | |
| | | | |
| | | | |

600024379986
11/03/03--01062--009 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, STEPHEN H
~~1001 BRICKELL BAY DRIVE~~
SUITE 2000
MIAMI FL 33131

Name

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

777 Brickell Ave

Suite, Apt. #, Etc.

200

City

Miami

State

FL

Zip Code

33131

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10-23-03

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

[Handwritten Signature]

Date

10-23-03

Daytime Phone #

305-371-7377

CR2E040 (7/03)