

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

1001 BRICKELL BAY DRIVE  
SUITE 2000  
MIAMI FL 33131

Mailing Address

1001 BRICKELL BAY DRIVE  
SUITE 2000  
MIAMI FL 33131



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

Suite, Apt. #, etc.

777 Brickell Ave #200

City & State  
Miami, FL

Zip  
33131

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

777 Brickell Ave #200

City & State  
Miami, FL

Zip  
33131

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/2001

5. FEI Number

65-1133374

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)

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	<del>1001 BRICKELL BAY DRIVE SUITE 20</del> 777 Brickell Ave. #1200	MIAMI FL 33131
VP	NELSON, STEPHEN H	<del>1001 BRICKELL BAY DRIVE SUITE 20</del>	MIAMI FL 33131

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

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

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

10-23-03

Date

305-371-7377

Daytime Phone #

CR2E040 (7/03)