

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 20 AM 9:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000077475**

1. Corporation Name

SARA KERPEL P.A.

Principal Place of Business

Mailing Address

2090 NE 214TH STREET
 N MIAMI BEACH FL 33179

2090 NE 214TH STREET
 N MIAMI BEACH FL 33179



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1127757

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PVST	KERPEL, SARA	20016 NE 6TH COURT CIRCLE	N MIAMI BEACH FL 33179

100023957531
 10/20/03--01057--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KERPEL, SARA
 20016 NE 6TH COURT CIRCLE
 N MIAMI BEACH FL 33179

Name
 Street Address (P.O. Box Number is Not Acceptable)
2090 NE 214 STREET
 Suite, Apt. #, Etc.
 City **N Miami Beach** State **FL** Zip Code **33179**

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

Sara Kerpel
 REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Sara Kerpel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03
 Date

Daytime Phone #

CR2E040 (7/03)

Accounting Office
KIM MARKS, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT
11900 Biscayne Boulevard - Suite 290
North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815
Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815
Fax: (305) 895-6273

October 16, 2003

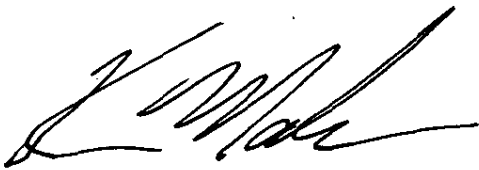
Division Of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314-6327

Re: Sara Kerpel PA P01000077475
UBR 2003

Enclosed please find a check in the amount of \$150.00 for renewal of the corporation.

We are requesting an abatement of the late filing penalty. The owner never received any prior notice or filings until she checked her status on the internet and then received the Notice of dissolution.

Thank you,



Kim Marks CPA