PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR ~~REINSTATEMENT~~

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

FILED
02 OCT 28 PM 5:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077814

1. Corporation Name

BLOSSER & SAYFIE, P.A.

Principal Place of Business	Mailing Address
450 E LAS OLAS BLVD STE 700 FT LAUDERDALE FL 33301	450 E LAS OLAS BLVD STE 700 FT LAUDERDALE FL 33301

2002 UBR

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/08/2001

5. FEI Number: 65-1127167 ☐ 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
D	BLOSSER, JAMES J	450 E LAS OLAS BLVD STE 700	FT LAUDERDALE FL 33301
D	SAYFIE, JUSTIN J	450 E LAS OLAS BLVD STE 700	FT LAUDERDALE FL 33301

900008637629
10/28/02--01125--017 **150.00

8. Name and Address of Current Registered Agent

SAYFIE, JUSTIN J
450 E LAS OLAS BLVD STE 700
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/02)

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: Justin J Sayfie SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10/23/2002

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: Justin J Sayfie SIGNATURE REQUIRED Vice President 954-523-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BLOSSER
& SAYFIE
COUNSELORS AT LAW

450 East Las Olas Boulevard
Suite 700
Fort Lauderdale, Florida 33301
954.523.2427
954.523.9146 fax

Jim Blosser
Justin J. Sayfie

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October 21, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

Today we received a notice informing that Blosser & Sayfie failed to file the 2002 Corporation Annual Report/Uniform Business Report

In accordance to instructions on the back of the front cover we are sending the reinstatement application and a check for $150 made payable to the Department of State along with this letter as we did not receive the two prior uniform business report notices.

Thank you for your assistance.

Sincerely,

Justin Sayfie

JS/nt

Enclosure