

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 NOV 15 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086313

1. Corporation Name

MARK WITENSTEIN, P.A.

Principal Place of Business

Mailing Address

~~6006 ROYAL POINCIANA LANE
TAMARAC FL 33319~~

~~6006 ROYAL POINCIANA LANE
TAMARAC FL 33319~~



700009034467
11/15/02--01094--027 **150.00

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

08/31/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

Not Applicable

65-1092715

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	WITENSTEIN, MARK	11819 HIGHLAND PLACE	CORAL SPRINGS FL 33071
VPSD	WITENSTEIN, MARK	11819 HIGHLAND PLACE	CORAL SPRINGS FL 33071

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WITENSTEIN, MARK

~~11819 HIGHLAND PLACE~~

~~CORAL SPRINGS FL 33071~~

Name

WITENSTEIN, MARK

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

7951 MONARCH COURT

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33446

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

Mark Witenstein
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date OCT 31, 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: *MARK WITENSTEIN* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561
10-31-02 865-3311
Date Daytime Phone #

Mark W. Istenster, P.A.
7951 Monarch Court
Delray Beach, FL 33446

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

Dear Sirs: Re: Document # PO1000086313

I did not receive any prior
uniform business report applications.
The old address as a place of
business was: 6006 Royal Poinciana Lane
Tallahassee, FL 32319
and an old business address at
11819 Highland Place

Oral Springs, FL 33071

I am not at either of the above
addresses. That is probably the
reason for the business not
receiving the proper papers. The
following is the new office address
& mailing address is:

7951 MONARCH COURT
DELRAY BEACH, FL 33446

Enclosed is a check for \$150.00 and
the application for reinstatement that
was just received this week.

Sincerely

MARK W. ISTENSTER, P.A.

PTD

FEIN# 65-1092715