

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 DEC 26 AM 8:36

DOCUMENT # P01000103123

1. Corporation Name

KAREN BRIEFMAN, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02



Principal Place of Business

4801 S.W. 133 AVENUE
SOUTHWEST RANCHES FL 33330

Mailing Address

4801 S.W. 133 AVENUE
SOUTHWEST RANCHES FL 33330

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2001

5. FEI Number

65-1151558

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
PD	BRIEFMAN, KAREN	4801 S.W. 133 AVENUE	SOUTHWEST RANCHES FL 33330

300009686903
12/26/02 01020 004 **750.00

8. Name and Address of Current Registered Agent

BAYNE, KARIN, ESQ.
7797 N. UNIVERSITY DRIVE #108
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

KARIN Bayne, ESQ

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

7797 N. University Dr.

Suite, Apt. #, Etc.

#108

City

TAMARAC

State

FL

Zip Code

33321

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

Karin Bayne
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-22-02

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:

Karin Bayne
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-02

Daytime Phone #

954
4348139

CR2E040 (8/02)