

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 31 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105821

1. Corporation Name

BRIAN I. SIMON, P.A.

Principal Place of Business

713 NE 17 TERRACE
FT LAUDERDALE FL 33304

Mailing Address

713 NE 17 TERRACE
FT LAUDERDALE FL 33304

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

2. New Principal Office Address, If Applicable
300 S.E. 14th STREET

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FLORIDA

Zip 33316 Country BROWARD

3. New Mailing Office Address, If Applicable
300 S.E. 14th STREET

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FLORIDA

Zip 33316 Country BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2001

5. FEI Number

65-1149406

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--|
| DP | SIMON, BRIAN I | 713 NE 17 TERRACE 300 S.E. 14th STREET | FT LAUDERDALE FL 33304 12/30/02-0115-005 **750.00 |
| | | | 8000009749828 12/30/02-0115-005 **750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name
Corporate Creations Network, Inc.
Street Address (P.O. Box Number is Not Acceptable)
941 Fourth Street
Suite, Apt. #, Etc.
200
City
Miami Beach
State
FL
Zip Code
33139

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

~~SIGNATURE REQUIRED~~
Karla Sarria
Asst Secretary
REGISTERED AGENT MUST SIGN

Date

12/26/02

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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/23/02 954 522-5888