

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109405

1. Corporation Name

HOLLAND, SINGER & MILLER, P.A.

Principal Place of Business

201 S BISCAYNE BLVD
MIAMI FL

Mailing Address

201 S BISCAYNE BLVD
MIAMI FL



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

11/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SAM HOLLAND, WILLIAM	429 NE 99 ST	MIAMISHORES FL
D	SINGER, ROBERT S	1039 W 46 ST	MIAMI BEACH FL
D	MILLER, PETER A	10670 SW 137 ST	MIAMI FL

700011993337
02/07/03--01080--003 **150.00

700011993337
02/24/03--01089--022 **150.00

8. Name and Address of Current Registered Agent

SINGER, ROBERT S
201 S BISCAYNE BLVD
MIAMI FL

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

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
REGISTERED AGENT MUST SIGN

Date 10/25/02

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 #

10/25/02

HOLLAND, SINGER & MILLER, P. A.

ATTORNEYS AT LAW

MIAMI CENTER - SUITE 2950
201 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

TELEPHONE (305) 536-8550
FAX (305) 536-8555

December 1, 2002

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: HOLLAND, SINGER & MILLER, P.A.

Dear Sir:

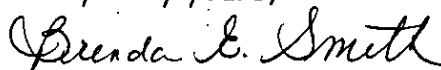
Enclosed please find the completed Application for Reinstatement, along with our check for \$150.00 covering the Annual Report Fee and Corporate Supplemental Fee.

We are requesting waiver of the fees, as we should have received prior notices in the mail from the Department and this was our first notice. Also, this corporation commenced normal business duties on March 1, 2002, not November 14, 2001.

Accordingly, we believe a waiver of the Reinstatement Fee would be appropriate. Please call me if you should have any questions or if you would like to discuss this matter.

Thank you in advance for your assistance in this matter.

Very truly yours,



BRENDA E. SMITH
Office Manager

bes
Enclosure