

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 16 AM 8:32

DOCUMENT # **P01000111058**

1. Corporation Name

ANITA LEFEBURE P.A.

Principal Place of Business

Mailing Address

**9385 CHELSEA DRIVE SOUTH
PLANTATION FL 33324**

**9385 CHELSEA DRIVE SOUTH
PLANTATION FL 33324**



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

11/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1157710

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LEFEBURE, ANITA	9385 CHELSEA DRIVE SOUTH	PLANTATION FL 33324

200023853082
10/16/03--01037--011 **150.00

200023853082
10/16/03--01037--012 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LEFEBURE, ANITA
9385 CHELSEA DRIVE SOUTH
PLANTATION FL 33324**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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

REGISTERED AGENT MUST SIGN

Date **10-12-03**

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.

10-12-03

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita Lefebure **954 473-5746**

Date

Daytime Phone #

Anita Lefebure, C.R.S.

★ Your Dependable Realtor ★

Deptmt. of State
Glenda S. Hood.

October 12 2003

To Whom it may concern

I was very much alarmed at the letter I received concerning notice of Administrative Dissolution.

To Date I didn't receive your request for filing a report for 2002 (my first full year as an S. Corporation)

Enclosed is my fee for \$ 150.00 for 2002

If it is possible change my mailing address to
Allstar Realty of Broward
Attention Anita Lefebure P.A.

300 S. Pine Island Rd. # 244
Plantation FL 33324

On Occasion my mail has erroneously gone to 9385 Chetsea Dr. North.

Respectfully

Anita Lefebure

FEI 651157710

