

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P02000020300

1. Corporation Name

LAW OFFICES OF FLORENCE CHAMBERLIN ESQ., P.A.

Principal Place of Business

Mailing Address

~~5700 COLLINS AVE #15F~~
~~MIAMI BEACH FL 33140~~

~~5700 COLLINS AVE #15F~~
~~MIAMI BEACH FL 33140~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

25 SE 2nd Avenue 527

25 SE 2nd Avenue 527

City & State

City & State

Miami - FL

Miami - FL

Zip

Country

Zip

Country

33131

USA

33131

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/21/2002

5. FEI Number

Applied For

27 0039088

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
PSTD	CHAMBERLIN, FLORENCE	5700 COLLINS AVE #15F	MIAMI BEACH FL 33140
VD	CHAMBERLIN, MATTHEW	5700 COLLINS AVE #15F	MIAMI BEACH FL 33140

900033721839
04/23/04--01022--004 **150.00

REINSTATEMENT *03-01*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAMBERLIN, FLORENCE
5700 COLLINS AVE #15F
MIAMI BEACH FL 33140

Name

Florence Chamberlin

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

25 SE 2nd Ave

Suite, Apt. #, Etc.

527

City

Miami

State

Zip Code

FL

33131

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 *12-5-03*

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-5-03 7862955365

CR2E040 (7/03)


April 9, 2004

Dear Mr. Scott:

I am writing regarding letter number 404A00007009. I have called many times and was last told to expect someone to call me back but that never happened. I was told by the person who answered that what you probably need is an additional check for \$150.00 for the year 2004. I am now enclosing two checks each in the amount of \$150.00 along with my request for a fee abatement as I never received my annual report statement required to maintain my corporate status. Please note that the new address for my company should be listed as 221 NE 89th Street, Miami, Florida 33138.

Thank you for your assistance in this matter.

Sincerely,



Florence Chamberlin Esq.
221 NE 89 Street
Miami, Fl 33138
Tel (305)350-0707