

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 10 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000037968

1. Corporation Name

MICHELLE L. JUDD, P.A.

700024573757  
11/10/03--01113--004 \*\*750.00

**REINSTATEMENT**

2. Principal Office Address

1911 COLLINS AVENUE

Suite, Apt. #, etc.

3006 2705

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

666 71 Street  
1911 COLLINS AVENUE

Suite, Apt. #, etc.

3006

City & State

MIAMI BEACH  
SUNNY ISLES BEACH, FL

Zip

33141

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-5-02

5. FEI Number

02-0576216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHELLE L JUDD

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

1911 COLLINS AVENUE

Suite, Apt. #, Etc.

3006

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MICHELLE L JUDD	1911 COLLINS AVE # 3006	SUNNY ISLES BEACH, FL 33160

10. 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 #

CR2E081 (10/02)

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