

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
Nov 04, 2003 8:00
Secretary of State

DOCUMENT # **P02000039263**

Corporation Name

VIA JONES GEHL, P.A.

Principal Place of Business

Mailing Address

S.E. 10TH ST.
LAUDERDALE FL 33316

1520 S.E. 10TH ST.
FT. LAUDERDALE FL 33316



REINSTATEMENT 03

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

1. Previous Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/11/2002	
1. Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Country		Zip		Country	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

1. Name (s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	GEHL, SYLVIA J	1520 S.E. 10TH ST.	FT. LAUDERDALE FL 33316

100024414821
11/04/03--01054--018 **750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 5TH FLOOR MIAMI FL 33145		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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:
Date: _____
REGISTERED AGENT MUST SIGN

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)(l), 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: **Sylvia JONES GEHL**
Date: **10/31/03** Daytime Phone #: **954-260-0001**

CR2E040 (7/03)