

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PH 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092528

1. Corporation Name

DAWN M. KIRSCHNER P.A.

2. Principal Office Address

1112 Weston Rd.

Suite, Apt. #, etc.

#297

City & State

Ft. Lauderdale, FL

Zip

33326

Country

USA

3. Mailing Office Address

1112 Weston Rd.

Suite, Apt. #, etc.

#297

City & State

Ft. Lauderdale, FL

Zip

33326

Country

USA

REINSTATEMENT

02

900023996749

10/22/03--01006--001 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/29/02

5. FEI Number

11-3651351

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

Peter A. Krause (Low office)

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

Weston Town Center, 1792 Bell Tower Lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

Peter A. Krause

Date 10-20-03

REGISTERED AGENT MUST SIGN

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
P	<u>Dawn M. Kirschner</u>	<u>1112 Weston Rd, #297</u>	<u>Ft. Lauderdale, FL 33326</u>
S	<u>Dawn M. Kirschner</u>	<u>1112 Weston Rd, #297</u>	<u>Ft. Lauderdale, FL 33326</u>
T	<u>Dawn M. Kirschner</u>	<u>1112 Weston Rd, #297</u>	<u>Ft. Lauderdale, FL 33326</u>

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:

Dawn M. Kirschner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03

Daytime Phone #

954/394-6535

MEMORANDUM

FROM: Dawn M. Kirschner
Dawn M. Kirschner P.A.
1112 Weston Road, #297
Ft. Lauderdale, FL 33326
954/394-6535, work 954/370-1341, fax



Sent via
Overnight Mail

TO: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
850/245-6059

DATE: October 17, 2003

SUBJECT: Uniform Business Report (UBR)

As discussed with Ruby today, I never received prior UBR notices for 2003. I am requesting to waive the \$600 reinstatement fee due to these circumstances. Enclosed is the completed Corporation Reinstatement Form along with the \$150 fee payment. (check #1136)

Let me know if you have any questions. Thank you.