

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 10 PM 12:06

DOCUMENT # P02000111959

1. Corporation Name

FRANTZ OLIVIER & ASSOCIATES, P.A.

2. Principal Office Address - No P.O. Box #

777 NE 79TH STREET

3. Mailing Office Address

777 NE 79TH STREET

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33138

Country

US

Zip

33138

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number
65-0743365

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

FRANTZ OLIVIER

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

777 NE 79TH STREET

Suite, Apt. #, Etc.

104

City

MIAMI

State

FL

Zip Code

33138

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

FRANTZ OLIVIER

Date 09/04/2009

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
PVTSD	FRANTZ OLIVIER	777 NE 79TH STREET	MIAMI, FL 33138

B 9/11/09
REINSTATEMENT 09-09

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 contained in Chapter 119, 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

FRANTZ OLIVIER

09/04/09

Date

786-663-7685

Daytime Phone #