

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

03 DEC 12 PM 12:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000115281**

1. Corporation Name

**LAW OFFICE OF LORI AVERBACH COTTONE, P.A**

Principal Place of Business

Mailing Address

**618 SW 6TH ST.  
 FT. LAUDERDALE FL 33315**

**618 SW 6TH ST.  
 FT. LAUDERDALE FL 33315**



**REINSTATEMENT** 03

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <b>13040 SW 30th Court</b>		Suite, Apt. #, etc. <b>13040 SW 30th Court</b>		<b>10/25/2002</b>	
City & State <b>DAVIE, FL</b>		City & State <b>DAVIE, FL</b>		5. FEI Number <b>20-3882053</b>	
Zip <b>33330</b>		Zip <b>33330</b>		Applied For Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COTTONE, LORI A	618 SW 6TH ST.	FT. LAUDERDALE FL 33315

500025427805  
 12/11/03--01061--010 \*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139		Name <b>LORI A. COTTONE</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>13040 SW 30th Court</b>	
		Suite, Apt. #, Etc.	
		City <b>DAVIE</b>	State Zip Code <b>FL 33330</b>

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: *Lori A. Cottone* Date: 12/9/03

REGISTERED AGENT MUST SIGN

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: *Lori A. Cottone* 12/9/03 954-240-5811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

**LAW OFFICE OF LORI AVERBACH COTTONE, P.A.  
13040 SOUTHWEST 30<sup>TH</sup> COURT  
DAVIE, FLORIDA 33330**

December 9, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Law Office of Lori Averbach Cottone, P.A.

To Whom It May Concern:

Enclosed please find my application for reinstatement for the Law Office of Lori Averbach Cottone, P.A. Unfortunately, I never received the 2003 Uniform Business Report mailed to the 618 SW 6<sup>th</sup> Street address.

I have noted the new business address on the Application for Reinstatement and also designated a new registered agent. Also enclosed please find a check in the amount of \$150.00 representing the fee to file the report. I apologize for any inconvenience caused by my failure to file the 2003 Uniform Business Report timely.

Thank you for your time and attention to this matter. Should you have any questions, I can be reached at (954) 240-5811.

Very truly yours,



Lori A. Cottone, President