## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000115281

1. Corporation Name

LAW OFFICE OF LORI AVERBACH COTTONE, P.A.

Principal Place of Business

Mailing Address

618 SW 6TH ST.

PT: LAUDERDALE EL 33315

618-SW-6TH-ST.

FT. LAUDERDALE FL 33315

FILED

03 DEC 12 PH12: 44

SECFITARY OF STATE



		.e. e		REINS	STATIVEN	IT 03	
2. New Principal Office Address, If Applicable	ough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     10/25/2002			
Suite, Apt. #, etc. 13040 SW 35 Couch City & State	City & State						
Zip Country SA			Country	6. CERTIFIÇATE	E OF STATUS DESIRED   S	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)							
Title(s) Name of Officers and/or Directors		_3	Street Address of Each Officer and/or Director		City / S	State / Zip	
D COTTONE, LORI A	618 SW 6TH ST.				FT. LAUDERDALE FL 33315		
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				50 127117	00254278 0301061010	3 <b>0</b> 5 **150.00	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
CORPORATE CREATIONS NETWORK, INC.  Name  Street Address (			P.O. Box Number is Not Acceptable)				
941 FOURTH STREET #200			Suite, Apt. #, Etc.	2410 SU 31340 COVICT			
		4	<u> </u>		1.5.		
			City DA	<u> </u>	Stat FL	_ 33330	
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 Agent Date 1019103							

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:



12/9/03 954-240-581

## 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