

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

04 APR -7 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000116775**

1. Corporation Name

LEE A. COHN, P.A.

Principal Place of Business

600 S ANDREWS AVE STE 405
FT LAUDERDALE FL 33301

Mailing Address

600 S ANDREWS AVE STE 405
FT LAUDERDALE FL 33301

*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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

03-0495105

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	COHN, LEE A	600 S ANDREWS AVE STE 405	FT LAUDERDALE FL 33301

600032095296
04/07/04--01040--007 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHN, LEE A
600 S ANDREWS AVE STE 405
FT LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Lee A. Cohn, P.A.
600 South Andrews Avenue, Suite 405
Ft. Lauderdale, Florida 33301

January 9, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Lee A. Cohn, P.A.
Document #P02000116775


Dear Division of Corporations:

Please be aware that we formed our corporation in November 2002 and never received the annual business report at our new address. I would appreciate it if you could please waive the late fee at this time, as the company was not provided with the paper work until late.

Enclosed please find a check in the amount of \$300.00 which covers the 2003 renewal fee for Lee A. Cohn, P.A. updating us to active status and also includes the 2004 renewal fee for \$150.00.

Thank you for your cooperation.

Very truly yours,



Lee A. Cohn
President

enclosure