

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 30 PM 3:25

DOCUMENT # **P02000121309**

1. Corporation Name

Robert Maxwell Sheiner, PA

2. Principal Office Address

1680 MICHIGAN AVE

3. Mailing Office Address

1680 MICHIGAN AVE

Suite, Apt. #, etc.

Suite 908

Suite, Apt. #, etc.

Suite 908

City & State

Miami Beach

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/02

5. FEI Number

46-460506860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

MICHAEL GOMEZ

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

1930 TYLER ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

FL

State
FL

Zip Code

33020

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

Michael Gomez

Date **12/2/05**

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	ROBERT M SHEINER	1680 MICHIGAN AVE #908	Miami Beach FL 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/05

Daytime Phone #

305 673 3338

B. 1/03/06
REINSTATEMENT 04-05

Payor

December 28, 2005

Robert Maxwell Sheiner, PA
1680 Michigan Ave, Ste 908
Miami Beach, FL 33139

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

RE: Robert Maxwell Sheiner, PA
P02000121309

To Whom It May Concern:

Enclosed, please find a check for \$300.00 which I respectfully ask that you accept as payment for two years filing fees for a for-profit organization. Since our initial filing, our office moved twice and we did not receive the renewal notice and accordingly, failed to pay for our annual filling. This has just been brought to our attention and we wish to correct this and pay for those two years.

In advance, thank you for your anticipated understanding.

Sincerely,



Robert Maxwell Sheiner
As President