

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 03 OCT 16 AM 9:16

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000.122982

1. Corporation Name

LEGAL CLINIC, P.A

2. Principal Office Address

1400 NE Miami Gardens Dr.

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

219

Suite, Apt. #, etc.

Same as #2

City & State

N. Miami Beach, FL

City & State

Same as #2

Zip

33179

Country

USA

Zip

Same as #2

Country

Same as #2

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2002

5. FEI Number

16-1645907

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

William M. Pavlov, Esq.

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

1400 NE Miami Gardens Drive

Suite, Apt. #, etc.

219

City

N. Miami Beach

State
FLZip Code
33179

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

REGISTERED AGENT MUST SIGN

Date 10/01/2003

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
	William M. Pavlov	1400 NE Miami Gardens Drive	NMB 33179
	PRESIDENT		

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:

William M. Pavlov, Esq. 10/02/2003 (305) 944-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 10/20

LEGAL CLINIC, P. A.
WILLIAM M. PAVLOV, ESQ.

Attorney at Law

Admitted to Practice in Texas, New York & Florida

Suite 219

1400 N.E. Miami Gardens Drive
North Miami Beach, Florida 33179
(305) 944-7779
(305) 944-7787 Facsimile

October 2, 2003

Florida Department of State
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, Florida 32314

RE: *LEGAL CLINIC, P.A.*
2003 Uniform Business Report

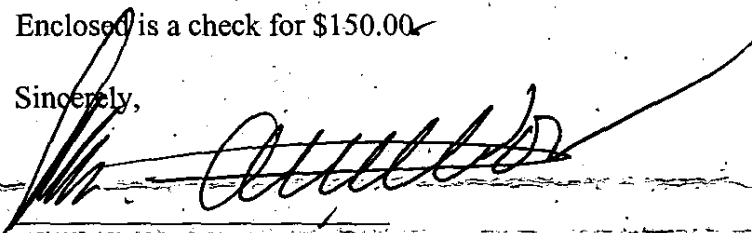
Dear Sir/ Madam:

Please be advised that we never received the 2003 Uniform Business Report at our address at 1400 NE Miami Gardens Drive, Suite 219, N. Miami Beach, Florida 33179.

Please reinstate Legal Clinic, P.A. as per the enclosed form.

Enclosed is a check for \$150.00.

Sincerely,



William M. Pavlov