

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000005848

1. Corporation Name

Deborah A. Terzian, P.A.

REINSTATEMENT 04

100041900951
10/15/04--01039--006 **750.00

2. Principal Office Address

501 Brickell Key Dr

Suite, Apt. #, etc.

Suite 505

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

501 Brickell Key Dr

Suite, Apt. #, etc.

Suite 505

City & State

Miami FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

65-1168945

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

Deborah A. Terzian

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

501 Brickell Key Dr

Suite, Apt. #, Etc.

Suite 505

City

miami

State

FL

Zip Code

33131

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

Deborah A. Terzian

Date

10-11-04

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
Dr.	Deborah A. Terzian	501 Brickell Key Dr Suite 505	miami FL 33131

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:

Deborah A. Terzian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-04

Date

305 416 0522

Daytime Phone #

CR2E081 (01/04)