

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000011441

1. Entity Name  
BRUCE HOWLAND, P.A.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 9:01

Principal Place of Business  
8820 S. LAKE DASHA  
PLANTATION, FL 33324

Mailing Address  
8820 S. LAKE DASHA  
PLANTATION, FL 33324



11042004 REIN-P CR2E098 (6/04)

2. Principal Place of Business  
1801 N. Pine Island Rd  
Suite, Apt. #, etc.  
#210  
City & State  
Plantation, FL  
Zip  
33322  
Country  
USA

3. Mailing Address  
1801 N. Pine Island Rd  
Suite, Apt. #, etc.  
#210  
City & State  
Plantation, FL  
Zip  
33322  
Country  
USA

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
HOWLAND, BRUCE  
8820 S. LAKE DASHA  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
Name  
Howland, Bruce  
Street Address (P.O. Box Number is Not Acceptable)  
759 NW 91st Terrace  
City  
Plantation  
FL  
Zip Code  
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bruce Howland 11/12/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWLAND, BRUCE	
STREET ADDRESS	8820 S. LAKE DASHA 759 NW 91st Terrace	
CITY-ST-ZIP	PLANTATION, FL 33324 Plantation, FL 33324	
TITLE	COO	<input type="checkbox"/> Delete
NAME	Michelle Howland	
STREET ADDRESS	759 NW 91st Terrace	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Howland Michelle Howland 11/12/05 954-658-4712  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #