Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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CORPORATION REINSTATEMENT
ALLAN MEYERSON, P.A.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000046944

1. Corporation Name
ALLAN MEYERSON, P.A.

REINSTATEMENT 05-11
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
376 SPYGLASS WAY	376 SPYGLASS WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
JUPITER FL	JUPITER FL
Zip: 33477 Country: USA	Zip: 33477 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/28/2003

5. FEI Number: 270056456 ☐ 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: MEYERSON, ALLAN

Street Address (P.O. Box Number is Not Acceptable): 376 SPYGLASS WAY

Suite, Apt. #, Etc.:

City: JUPITER State: FL Zip Code: 33477

8. Having been named 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: MEYERSON, ALLAN, Registered Agent by: Kristine Roy, as Attorney-in-Fact Date: 12/01/2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MEYERSON, ALLAN	376 SPYGLASS WAY	JUPITER FL 33477
D	MEYERSON, ELLEN J	376 SPYGLASS WAY	JUPITER FL 33477

10. E-mail Address: teamelan@me.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: MEYERSON, ALLAN, Director by: Kristine Roy, as Attorney-in-Fact 12/01/2011 (561) 694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/1/2