

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 22 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000013167**

1. Corporation Name

SPECIALTY MANAGEMENT, INC

300086462983
01/29/07--01061--016 **1050.00

CR2E081 (12/05)

2. Principal Office Address

1011 AVON RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. PALM BCH, FL

City & State

Zip

33401

Country

UNITED STATES

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

90-0193388

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

ROBERT DE GRAAF

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

1011 AVON RD

Suite, Apt. #, Etc.

City

W. PALM BCH

State

FL

Zip Code

33401

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

Robert De Graaf

REGISTERED AGENT MUST SIGN

Date **1-18-07**

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 DE GRAAF	1011 AVON RD.	W. PALM BCH, FL 33401

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 contained in Chapter 119, 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:

Robert De Graaf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07 (561) 662-3503

Date

Daytime Phone #