


1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

08 NOV 21 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P04000042721

1. Corporation Name
SOCIAL SECURITY DISABILITY LAW FIRM P.A.

2. Principal Office Address - No P.O. Box # 2301 West Sample Road,		3. Mailing Office Address 2301 West Sample Road,	
Suite, Apt. #, etc. Bldg 1 Suite 4		Suite, Apt. #, etc. Bldg 1 Suite 4	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33073	Country US	Zip 33073	Country US

REINSTATEMENT 07-08

4. Date Incorporated or Qualified To Do Business In Florida **03/08/2004**

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

WOP

7. Name and Address of Current Registered Agent

Name
CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number is Not Acceptable)
11380 PRSPERITY FARMS RD #221E

Suite, Apt. #, Etc.

City
PALM BEACH GARDENS

State
FL

Zip Code
33410

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Samantha Simons* **Samantha Simons, Special Secretary** Date **11/21/08**

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
D	CHRIS R BORGIA	2301 W. Sample Rd, Bldg 1 Ste4	Pompano Beach, FL 33073

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, P.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: *S. Simons* **S. Simons as attorney-in-fact** Date **11/21/08**

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

2082

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

SOCIAL SECURITY DISABILITY LAW FIRM P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

\$300.00

(reinstatement fee waived)