

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000090814

1. Corporation Name

ROBERT M. PANISCH, P.A.

2. Principal Office Address - No P.O. Box #

300 S. Pine Island Road

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#228

Suite, Apt. #, etc.

SAME

City & State

Plantation, FL

City & State

SAME

Zip

33324

Country

Broward

Zip

SAME

Country

SAME

7. Name and Address of Current Registered Agent

Name

ROBERT M. PANISCH, ESQ

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

300 S. Pine Island Road

Suite, Apt. #, Etc.

#228

City

Plantation

State

FL

Zip Code

33324



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

REGISTERED AGENT MUST SIGN

Date

5/25/07

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 M. PANISCH	300 S. Pine Island Road, #228	Plantation, FL 33324

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/07

Daytime Phone #

FILED

07 JUN -4 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-07

CR2E081 (1/07)