

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 29 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000172382

1. Corporation Name

LAW OFFICES OF DAVID J. FINGER, P.A.

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

10661 N. KENDALL DRIVE

Suite, Apt. #, etc.

SUITE 216

City & State

MIAMI

Zip

33176

Country

US

3. Mailing Office Address

10661 N. KENDALL DRIVE

Suite, Apt. #, etc.

SUITE 216

City & State

MIAMI

Zip

33176

Country

US

300126807473
04/29/08--01023--021 **450.00

CR2E081 (12/07)
REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida 1/1/2005

5. FEI Number

20-2070863

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

DAVID J. FINGER

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

10661 N. KENDALL DRIVE

Suite, Apt. #, Etc.

SUITE 216

City

MIAMI

State

FL

Zip Code

33176

☒ 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

David J. Finger
REGISTERED AGENT MUST SIGN

Date 4/25/08

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
PDVPS	DAVID J. FINGER	10661 N. KENDALL DR, SUITE 216	MIAMI, FLORIDA 33176

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:

David J. Finger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. FINGER

4/25/08 (305) 447-9776
Date Daytime Phone #