

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN -3 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000001010**

1. Corporation Name

MSBL OF CORAL SPRINGS, INC.

2. Principal Office Address

5531 UNIVERSITY DR.

Suite, Apt. #, etc.

#101

City & State

CORAL SPRINGS

Zip

33067

Country

USA

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/3/05

5. FEI Number

03-0552649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 06-07

7. Name and Address of Current Registered Agent

Name

RONALD A LUZIM

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

5531 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

#101

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

Date **12/28/07**

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
P/D	RONALD A LUZIM	5531 UNIVERSITY DRIVE	CORAL SPRINGS, FLA, 33067

300113601549
01/03/08--01022--025 **750.00

2/20/06 90029 006 150.00

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 under section 119.07(3)(i), 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

12/28/07
Date

9547551500
Daytime Phone #