

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 DEC 27 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000072950

1. Entity Name  
ARTHUR M. LIEBERMAN P.A.



Principal Place of Business  
3740 SOUTH OCEAN BLVD. APT.#1808  
HIGHLAND BEACH, FL 33487

Mailing Address  
3740 SOUTH OCEAN BLVD. APT.#1808  
HIGHLAND BEACH, FL 33487

2. Principal Place of Business - No P.O. Box #  
6467 ENCLAVE WAY  
Suite, Apt. #, etc.

3. Mailing Address  
6467 ENCLAVE WAY  
Suite, Apt. #, etc.

City & State  
BOCA RATON FL  
Zip  
33496 Country

City & State  
BOCA RATON FL  
Zip  
33496 Country



REINSTATEMENT

12192007 REIN-P CR2E098 (40X)

4. FEI Number  
20-2886476

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LIEBERMAN, ARTHUR M  
3740 SOUTH OCEAN BLVD. APT.#1808  
HIGHLAND BEACH, FL 33487

## 7. Name and Address of New Registered Agent

Name  
ARTHUR M LIEBERMAN  
Street Address (P.O. Box Number is Not Acceptable)  
6467 ENCLAVE WAY  
City BOCA RATON FL Zip Code 33496

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
OD  
LEIBERMAN, ARTHUR M  
3740 SOUTH OCEAN BLVD. APT.#1808  
HIGHLAND BEACH, FL 33487 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
ARTHUR M LIEBERMAN  
6467 ENCLAVE WAY  
BOCA RATON FL 33496 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
900113429339  
12/27/07--01019--004 \*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/07

Daytime Phone #

917 597 7427