

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 14 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705000082060

1. Corporation Name

EARL SELIGMAN, P.A.

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

2050 CORAL WAY

3. Mailing Office Address

2050 CORAL WAY

Suite, Apt. #, etc.

SUITE 511

Suite, Apt. #, etc.

SUITE 511

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33145

Country

USA

Zip

33145

Country

USA

REINSTATEMENT

06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2005

5. FEI Number

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

CEL REGISTERED AGENT

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

2601 S. BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 700

City

COCONUT GROVE

State

FL

Zip Code

33133



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

12/13/07

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
PSD	SELIGMAN, EARL	2050 Coral Way #511	MIAMI, FL 33145
	12/12/18		
			000113156860 12/14/07--01037--013 **300.00

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 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

12/13/07

Date

(35) 858-9595

Daytime Phone #