

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

07 OCT 17 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 905000082463

1. Corporation Name

Tasha Powell P.A.

REINSTATEMENT 06-07

CR2E081 (1/07)

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

1007 N. Federal Highway

3. Mailing Office Address

Suite, Apt. #, etc.

PMB 223

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

FL

Zip

33304

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/2005

5. FEI Number

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

The Law Offices of Tasha A. Powell P.A.

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

1613 NE 5th Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33301

☐ 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 10/10/07

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/r/p	Tasha Powell	1007 N. Federal Highway PMB 223	
D/		Ft. Lauderdale, FL 33301	

400110913744
10/17/07-01063-011 **308.75

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

Tasha Powell

Date

10/10/07

Daytime Phone #

561-929-3229