

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 15 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *POS000119063*

1. Corporation Name

*Law Offices of Thomas W.
Dvorak, P.A.*

600161769886
10/15/09--01036--012 **750.00

REINSTATEMENT *2009*

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

633 S. Andrews Ave.

Suite, Apt. #, etc.

402

3. Mailing Office Address

2740 E. Oakland Park Blvd.

Suite, Apt. #, etc.

200

CR2E081 (12/08)

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33308

Country

US

Zip

33306

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/05

5. FEI Number

342055373

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

Thomas W. Dvorak

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

3001 Coral Shores Dr.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33306

☐ 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

[Signature]

Date *10/12/09*

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
<i>DPTS</i>	<i>Thomas W. Dvorak</i>	<i>2740 E. Oakland Park Blvd #200</i>	<i>Fort Lauderdale FL 33306</i>

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] *Thomas W. Dvorak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/09
Date

954-449-2669
Daytime Phone #