

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000148209

1. Entity Name  
LISA RUDERMAN, P.A.



Principal Place of Business  
6145 NW 123 LANE  
CORAL SPRINGS, FL 33076

Mailing Address  
6145 NW 123 LANE  
CORAL SPRINGS, FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDERMAN, GARY  
6145 NW 123 LANE  
CORAL SPRINGS, FL 33076

Name

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

City

FL

Zip Code

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

*Lisa Ruderman*

(NOTE: Registered Agent signature required when reinstating)

11/15/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME RUDERMAN, LISA  
STREET ADDRESS 6145 NW 123 LANE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700081919037  
11/20/06--01004--011 \*\*\$150.00

TITLE VP  
NAME RUDERMAN, GARY  
STREET ADDRESS 6145 NW 123 LANE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lisa Ruderman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/06

DATE

954 752-2105

DAYTIME PHONE #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 20 AM 9:26

REINSTATEMENT 06



11022006 REIN-P CR2E098 (11/05)

4. FEI Number

20-3745137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required