

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 JUL -2 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Isaac Ergas P.A.

906000106678

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

1004 Ne 25 Avenue

Suite, Apt. #, etc.

City & State

Hallandale, FL 33009

Zip

33009

Country

Usa

3. Mailing Office Address

1004 Ne 25 Avenue

Suite, Apt. #, etc.

City & State

Hallandale

Zip

33009

Country

Usa

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/2006

5. FEI Number

20-552-5707

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

Isaac Ergas

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

1004 Ne 25 Avenue

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

☒ 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

Date

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
pres	Isaac Ergas	1004 Ne 25 Avenue	Hallandale, FL 33009
sec	Isaac Ergas	1004 Ne 25 Avenue	Hallandale, FL 33009
	<b>RH</b>		
	<b>REINSTATEMENT</b>		

600132043876  
07/01/08--01025--010 \*\*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

ISAAC ERGAS

Date

Daytime Phone #

6/22/08 786-355-9638

9638