

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 AM 10:34

DOCUMENT # P07000127737

1. Corporation Name

Robert C. Tilghman, P.A.

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

2 South Biscayne Blvd. Same

Suite, Apt. #, etc.

2070

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

500178075585 KS
04/27/10--01026--010 **1050.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2007

5. FEI Number

261480094

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

Robert C. Tilghman

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

2 South Biscayne Blvd.

Suite, Apt. #, Etc.

2070

City

MIAMI

State

FL

Zip Code

33131

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

Robert C. Tilghman

REGISTERED AGENT MUST SIGN

Date 4/26/2010

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.	Robert C. Tilghman	2 South Biscayne Blvd., #2070	MIAMI, FL 33131

10. E-mail Address: rcpalaw@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Robert C. Tilghman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2010 305 381 8806

Date

Daytime Phone #