

MAR-02-99 03:34 PM

F.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

92 MAR -9 PM 3:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000005475

1. Corporation Name Law Offices of Nora M. Rilo, CPA, P.A.

WA9000005521

Principal Place of Business

Mailing Address

12630 SW 10 Terr
Miami, FL 33184

REINSTATEMENT 97-99

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1/19/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FBI Number 65-0383781	
City & State		City & State		Applied For: ☐ No: ☒ Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED ☐	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
1. Title(s)	2. Name of Officer and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip	5. Other Information
Pres/Sec	Nora M. Rilo	12630 SW 10 Terr	Miami, FL 33184	5.0000027919675 03/03/99-01074-004 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Nora M. Rilo 12630 SW 10 Terr Miami, FL 33184		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.		Date 3/1/99	

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒		(See other side for information on intangible tax.)
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12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 under section 119.07(3)(f), 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

3/1/99

Date

Daytime Phone #