

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000014116**

1. Corporation Name

SCHULTE BLUM MCMAHON & JOBLOVE, A PROFESSIONAL ASSOCIATION

Principal Place of Business

**200 SO. BISCAYNE BLVD
SUITE 3150
MIAMI FL 33131**

Mailing Address

**200 SO. BISCAYNE BLVD
SUITE 3150
MIAMI FL 33131**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1993

5. FEI Number

65-0389398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	SCHULTE, JOHN H	6210 MAGGIORE STREET	CORAL GABLES FL 33146
V	BLUM, W. BARRY	7420 SW 106TH ST	MIAMI FL 33131
V	MCMAHON, PAUL J	1040 VALENCIA AVE	CORAL GABLES FL 33134
V	JOBLOVE, MICHAEL	10018 NASHVILLE DRIVE	COOPER CITY FL 33026
V	PERLMAN, JONATHAN E	1541 BRICKELL AVENUE #1501	MIAMI FL 33129
ST	BISBING, MARK	720 CORAL WAY NO. 2B	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

**BISBING, MARK
200 SO. BISCAYNE BLVD
SUITE 3150
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

Suite

City

State
FL

Zip Code

REINSTATEMENT

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **Apr 27-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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 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 under section 119.07(3)(i), 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.

**MARK BISBING
SEC - TREAS**

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Apr 27-98

Daytime Phone #

**305 -
377-2330**

FILED

98 MAY -7 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (8/97)