

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 FEB -4 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038418

1. Corporation Name

LAW OFFICES OF
CHRISTOPHER M. RUNDLE, P.A.

2. Principal Office Address

2655 LE JEUNE ROAD

Suite, Apt. #, etc.

SUITE 1108

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA.

3. Mailing Office Address

2655 LE JEUNE ROAD

Suite, Apt. #, etc.

SUITE 1108

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

5. 27.1993

5. FEI Number

65-0415390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-03

7. Name and Address of Current Registered Agent

Name

RUNDLE, CHRISTOPHER M.

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

2655 LE JEUNE ROAD

Suite, Apt. #, Etc.

SUITE 1108

City

CORAL GABLES

State

FL

Zip Code

33134

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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 1.30.03.

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
D.P.	RUNDLE, CHRISTOPHER M.	2655 LE JEUNE ROAD SUITE 1108	CORAL GABLES FL. 33134

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 under section 119.07(3)(l), 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:

CHRISTOPHER M. RUNDLE

Date

1.30.03 (305) 5699988

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

gr 2/10/03

CR2E081 (10/02)