

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

REMOVED
AND
FILED

98 DEC -7 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066559

1. Corporation Name

SUSAN D. LASKY, P.A.

Principal Place of Business

Mailing Address

ONE FINANCIAL PLAZA
SUITE 2020
FT. LAUDERDALE FL 33394
US

ONE FINANCIAL PLAZA
SUITE 2020
FT. LAUDERDALE FL 33394
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33301

33301

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1993

5. FEI Number

65-0438265

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LASKY, SUSAN D	ONE FINANCIAL PLAZA, SUITE 2020	FT. LAUDERDALE-FL
PD	Lasky Susan D.	315 NE 3rd Ave	FT LAUDERDALE FL 33301
			0000002710460--3 -12/11/98--01068--044 ****758.00 ****758.00
			12/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUSAN D LASKY
ONE FINANCIAL PLAZA
SUITE 2020
FT. LAUDERDALE FL 33394

Name

Susan D. LASKY

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

315 NE 3rd Ave

Suite, Apt. #, Etc.

2nd Floor

City

FT LAUDERDALE

State

FL

Zip Code

33301

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

Susan D. Lasky

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-4-98

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.

SIGNATURE:

Susan D. Lasky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-4-98 462 7979

CR2E040 (9/99)