

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAR -4 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P930000087936

1. Corporation Name

Law Offices of Ronald S. Asnes
A Professional Association

2. Principal Office Address

7280 W. Palmetto Park Rd

Suite, Apt. #, etc.

305

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

3. Mailing Office Address

7280 W. Palmetto Park Rd

Suite, Apt. #, etc.

305

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0465833

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

Ronald S. Asnes

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

7280 West Palmetto Park Road

Suite, Apt. #, Etc.

Suite 305

City

Boca Raton

State

FL

Zip Code

33433

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

3/1/02

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
Pres	Ronald S. Asnes	7280 W. Palmetto Park Rd	Boca Raton FL 33433

REINSTATEMENT

01-02

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****388.75 ****388.75

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

Date

561-362-5298

Daytime Phone #

CR2E081 (9/01)