

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *Reinstatement*
REINSTATEMENT



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

APPROVED
AND
FILED

1997 DEC 10 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023173**

1. Corporation Name

SHELLEY B. MUND, P.A.

Principal Place of Business

Mailing Address

~~8010 N. UNIVERSITY DR.~~
~~2ND FLOOR~~
~~TAMARAC FL 33321-2118~~

~~8010 N. UNIVERSITY DR.~~
~~2ND FLOOR~~
~~TAMARAC FL 33321-2118~~

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

2. New Principal Office Address, If Applicable

9900 W. Sample Rd.

Suite, Apt. #, etc.

Suite 300

City & State
Coral Springs, FL

Zip
33065

Country
USA

3. New Mailing Office Address, If Applicable

9900 W. Sample Rd.

Suite, Apt. #, etc.

Suite 300

City & State
Coral Springs, FL

Zip
33065

Country
USA

4. Date Incorporated or To Do Business in Florida
~~03/22/1994~~ **03/22/1994**

5. FEI Number

~~65-047500~~ **65-047500**

Applied For

~~Not Applicable~~ **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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MUND, SHELLEY B	8010 N. UNIVERSITY DR., 2ND FLOOR 9900 W. Sample Rd., #300	TAMARAC FL 33321 Coral Springs, FL 33065

REINSTATEMENT

3000002373783--3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUND, SHELLEY B ESQ

~~8010 N. UNIVERSITY DR.~~

~~2ND FLOOR~~

~~TAMARAC FL 33321-2118~~

Name

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

9900 W. Sample Rd.

Suite, Apt. #, Etc.

Suite 300

City

Coral Springs

State

FL

Zip Code

33065

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

Shelley B Mund

REGISTERED AGENT MUST SIGN

Date **12-5-97**

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.)

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:

Shelley B Mund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-97

Date

(954) 341-4121

Daytime Phone #