

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P94000025974

1. Corporation Name

RHONDA A. ANDERSON, P.A.

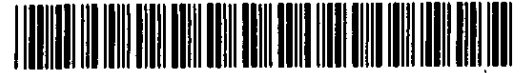
Principal Place of Business

2222 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES FL 33134
US

Mailing Address

2222 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES FL 33134
US

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



REINSTATEMENT

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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

03/28/1994

5. FEI Number

65-0451056

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 3	City / State / Zip 4
D	ANDERSON, RHONDA A	2420 CORAL WAY 2222 Ponce De Leon Blvd Suite 500	MIAMI Coral Gables, FL 33134
			100003469421--5 -11/17/00--01102--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ANDERSON, RHONDA A
2420 CORAL WAY
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State

Zip Code

2222 Ponce De Leon Blvd, Suite 500
Coral Gables
FL 33134

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

Rhonda Anderson

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct. 20, 2000

11. 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:

Rhonda Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/2000

Daytime Phone #

805/444-1400

CRS 6040 (8/00)