

PLEASE READ ALL INSTRUCTIONS ~~FLORIDA DEPARTMENT OF STATE~~ LENGTH FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV 19 AM 11:03

DOCUMENT # **PA4000061354**

1. Corporation Name

ARLENE B. ENGLANDER, P.A.

Principal Place of Business Mailing Address
**618 U.S. Highway 1
 Suite 406
 North Palm Beach, Florida 33408**

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

REINSTATEMENT 95-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8/19/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0520730	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SH 7th Edition of Regulations</small>	

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
P/VP S/T	ARLENE B. ENGLANDER	618 U.S. Highway 1, #406	North Palm Beach, FL 33408
Direct	ARLENE B. ENGLANDER	618 U.S. Highway 1, #406	North Palm Beach, FL 33408

000003062150--2
 12/06/99-01123-014
 ***2700.00 ***1350.00

Handwritten signature

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Filings, Inc. 3732 Northwest 16th Street Fort Lauderdale, FL 33311		Name Arlene B. Englander Street Address (P.O. Box Number is Not Acceptable) 618 U.S. Highway 1 Suite, Apt. #, Etc. Suite #406 City North Palm Beach State FL Zip Code 33408	

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 *ARLENE B. ENGLANDER* Date **11/16/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *ARLENE B. ENGLANDER* **ARLENE B. ENGLANDER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **11/16/99** Daytime Phone # **561-863-0091**

CR2001 (12/98)