

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 03, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P94000067453

1. Corporation Name

STEVEN SLOANE NEWBURGH, P.A.

2. Principal Office Address

415 32<sup>nd</sup> Street

3. Mailing Office Address

415 32<sup>nd</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach, FL

Zip

33407

Country

U.S.A.

Zip

33407

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

9/14/94

5. FEI Number

650 521960

Applied For

Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☐

3.22 Antidirector requirements  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

STEVEN S. NEWBURGH, ESQ.

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

415 32<sup>nd</sup> Street

Suite, Apt. #, Etc.

City

West Palm Beach,

State  
FL

Zip Code

33407

8. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of section 607.0305 or 617.0303, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5-27-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	STEVEN S. NEWBURGH	415 32 <sup>nd</sup> Street	West Palm Beach, FL 33407

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:

STEVEN S. NEWBURGH

5-27-03

561-229-1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-2206 (10/02)

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LAW OFFICE

**STEVEN SLOANE NEWBURGH, P.A.**

415 32<sup>nd</sup> Street  
West Palm Beach, FL 33407

Tel: (561) 329-1997  
[newburghlaw@aol.com](mailto:newburghlaw@aol.com)

May 29, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Steven Sloane Newburgh, P.A.

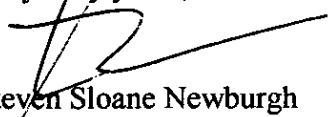
Dear Sir or Madam:

In accordance with our telephone conversation of May 26, 2003, this shall confirm that we never received our 2001 Annual Report. I was advised that the Annual Report mailing was returned to you, undelivered.

Accordingly, I was advised that the reinstatement fee for this corporation would be \$450.00 and that late fees would be waived.

Thank you for your assistance in this matter. Should you have any questions or concerns, please contact the undersigned at your earliest convenience.

Very truly yours,



Steven Sloane Newburgh

cc: Anthony Licausi, CT Corp. Sys.