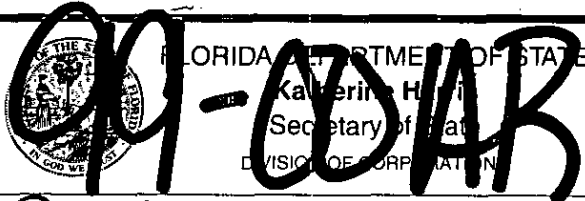


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 8:31

DOCUMENT # **P94000078303**

1. Corporation Name

S. HOWARD ORNER, P.A.

2. Principal Office Address

3. Mailing Office Address

2825 University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 350

City & State

City & State

CORAL SPRINGS, FL.

Zip

Country

Zip

Country

33065

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1994

5. FEI Number

65-0532630

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

ORNER, S. HOWARD

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

2825 University Drive

Suite, Apt. #, Etc.

#350

City

CORAL SPRINGS FL.

State

FL

Zip Code

33065

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

1/24/2000

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

PD	ORNER, S. HOWARD	2825 University Dr. #350	FL 33065

300003138443--8

-02/17/00--01003--012

****185.00 ****150.00

1/24/17

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

S. HOWARD ORNER

Date

1/24/2000

Daytime Phone #

954 752-1774

CR2E081 (9/99)

LAW OFFICES
S. HOWARD ORNER, P.A.

A PROFESSIONAL ASSOCIATION
ATTORNEY AND COUNSELOR AT LAW

DEAN WITTER PLAZA
2825 UNIVERSITY DRIVE
SUITE 350
CORAL SPRINGS, FLORIDA 33065

TELEPHONE (954) 752-1774
FACSIMILE (954) 752-0448

February 11, 2000

The Department Of State
Division Of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attn.: Sean Toner, Senior Section Administrator

Re: Corporate Reinstatement - S. HOWARD ORNER, P.A.
Ref. Number: P94000078303

Dear Mr. Toner:

I am enclosing herewith your letter of February 8, 2000, two checks drawn on my P.A. account totaling \$335.00, a letter dated February 2, 2000 offered by my P.A. to the Department of State, Division of Corporations, letter dated January 28, 2000 from the Florida Department of State, Reinstatement Application dated January 24, 2000 along with Articles Of Amendment Of S. Howard Orner, P.A.

With all the above in mind, please accept this correspondence as an explanation, which had been previously furnished to The Florida Department Of State, that due to my change of address from 2855 University Drive, Suite 110 to 2825 University Drive, Suite 350 in Coral Springs, Florida, we never received any Annual Reports. In fact in looking at your February 8, 200 correspondence, you still reflect my old address 2855 University Drive, but you have the correct suite number. I would request that you accept the above and foregoing explanation as the basis for waiving any reinstatement fees and file the enclosed accordingly.

Thank you for your anticipated cooperation in this matter.

Very truly yours,

S. HOWARD ORNER, P.A.

By: _____

S. HOWARD ORNER, ESQ.
For The Firm

SHO:jmg
enclosures