

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR
REINSTATEMENT

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

APPROVED
AND
FILED

1997 NOV -3 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081973

1. Corporation Name

SALMA DHANJI, P.A.

Principal Place of Business

PRUDENTIAL FLA. REALTY
1000 UNIVERSITY DR.
CORAL SPRINGS FL 33071

Mailing Address

PRUDENTIAL FLA. REALTY
1000 UNIVERSITY DR.
CORAL SPRINGS FL 33071



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

PRUDENTIAL FLA. REALTY

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1994

5. FEI Number

65-0568295

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	DHANJI, SALMA	1000 UNIVERSITY DR. STE. 000 850 Riverside Drive	CORAL SPRINGS FL 33071

9000002337759--2
-11/04/97--01068--003
****165.00 ****165.00

11/3/97

8. Name and Address of Current Registered Agent

DHANJI, SALMA

1000 UNIVERSITY DR.
850 Riverside Drive
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

DHANJI, SALMA

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

850 Riverside Drive

Suite, Apt. #, Etc.

CORAL SPRINGS

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

28-Oct-97

11. This corporation owes or has paid 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28-Oct-97 (954) 796-7522

Date

Daytime Phone #

CR25040 (8/97)