

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P94000081973

99 OCT 15 PM 1:57

1. Corporation Name

SALMA DHANJI, P.A.

Principal Place of Business

Mailing Address

~~PRUDENTIAL FLA REALTY~~  
850 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33071

~~PRUDENTIAL FLA REALTY~~ 4199 NW 83 LN  
~~850 RIVERSIDE DRIVE~~ CORAL SPRINGS  
~~CORAL SPRINGS FL 33071~~ FL 33065



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DHANJI, SALMA	<del>850 RIVERSIDE DRIVE</del>	<del>CORAL SPRINGS FL 33071</del>
		4199 NW 83 LN	CORAL SPRINGS, FL 33065
			500003024615---6
			-10/26/99--01006--007
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DHANJI, SALMA  
~~PRUDENTIAL FLA REALTY~~ 4199 NW 83 LN  
~~850 RIVERSIDE DRIVE~~ CORAL SPRINGS  
~~CORAL SPRINGS FL 33071~~ FL 33065

Name

DHANJI, SALMA

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

4199 NW 83 LN

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-Oct-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-Oct-99

Date

Daytime Phone #

WOLFSON AND ASSOCIATES, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS  
130 SOUTH UNIVERSITY DRIVE, SUITE D  
PLANTATION, FLORIDA 33324  
PHONE: (954) 475-8670 FAX: (954) 475-8788  
E-MAIL: WOLFSONASSOC@AOL.COM

October 12, 1999

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

REF: Salma Dhanji, P.A.  
4199 83RD Lane  
Coral Springs, FL 33065

FEIN# 65-0568295

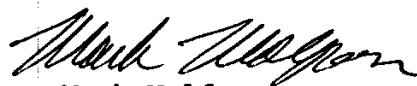
Dear Sir/Madam

Please be advised that the above mentioned corporation has not received it's 1999 Corporate Annual Report. It appears that the annual report was sent to an old address and was never forwarded to the new address.

Please accept this check in the amount of \$150.00 as full payment for the 1999 Corporate Annual Report and abate all late filing fees.

Thank you in advance for your cooperation in this matter and if we can be of any further assistance please don't hesitate to contact our office.

Sincerely yours,



Mark Wolfson  
Certified Public Accountant

enclosures

cc: Salma Dhanji, P.A.