

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 17 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

THE LAW OFFICE OF  
LES SCHNEIDERMAN, P.A.

PG5000003915

**2. Principal Office Address**

5301 N. Federal Highway

**3. Mailing Office Address**

**Suite, Apt. #, etc.**

Suite #130

**Suite, Apt. #, etc.**

**City & State**

Boca Raton

**City & State**

**Zip**

**Country**

33487

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number** 65-0562585

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**

LES SCHNEIDERMAN

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

5301 N. Federal Highway

**Suite, Apt. #, Etc.**

Suite #130

**City**

Boca Raton

**State**

FL

**Zip Code**

33487

100005665341--2  
-06/03/02--01073--008  
\*\*\*300.00 \*\*\*300.00

**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**

*[Signature]*  
REGISTERED AGENT MUST SIGN

**Date**

May 15, 2002

**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
Pres.	Les Schneiderman	23291 Sedawie Drive Boca Raton, FL 33483	Boca Raton/FL/33433

**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

Les Schneiderman 5/15/02 (561) 998-7900

Date

Daytime Phone #