

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

97 NOV -3 PH 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015294

1. Corporation Name

JOHNNA M. SCHEFFLE, PA

Principal Place of Business
2455 E SUNRISE BLVD. 502
FT LAUDERDALE FL 33304

Mailing Address
2455 E SUNRISE BLVD. 502
FT LAUDERDALE FL 33304



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

2. New Principal Office Address, If Applicable
1800 S.E. 7th ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1800 S.E. 7th ST.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1995

5. FEI Number

65-0569266

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SCHEFFEL, JOHNNA M	2455 E SUNRISE BLVD, 502	FT LAUDERDALE FL

300002337243--3
-11/04/97--01025--020
****165.00 ****165.00

11/1/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNITZER, GERALD S
2455 E SUNRISE BLVD, 502
FT LAUDERDALE FL 33304

Name
JOHNNA M. DeNOIA
Street Address (P.O. Box Number is Not Acceptable)
1800 S.E. 7th ST.
Suite, Apt. #, Etc.

City
POMPAHO BEACH
State
FL
Zip Code
33060

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 10/30/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 10/30/97 954943 6988

CR2E040 (8/97)