PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 AUG -9 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022952

1. Corporation Name
RUSSELL C. SILVERGLATE, P.A.

Principal Place of Business	Mailing Address
~~21593 Eucalyptus Way~~ ~~Boca Raton FL 33433~~	~~21593 Eucalyptus Way~~ ~~Boca Raton, FL 33433~~

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
980 North Federal Highway	980 North Federal Highway
Suite, Apt. #, etc. Suite 410	Suite, Apt. #, etc. Suite 410
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3-22-95

5. FEI Number: 65-0566945 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SB 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D,P, S,T	Russell C. Silverglate	980 North Federal Highway Suite 410	Boca Raton, FL 33432

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REINSTATEMENT 96-99 TS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Russell C. Silverglate ~~21593 Eucalyptus Way~~ ~~Boca Raton, FL 33433~~	Name: Russell C. Silverglate Street Address (P.O. Box Number is Not Acceptable): 980 North Federal Highway Suite, Apt. #, Etc.: Suite 410 City: Boca Raton State: FL Zip Code: 33432

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 X Russell C. Silverglate
REGISTERED AGENT MUST SIGN
Date August 6, 1999

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: X Russell C. Silverglate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Russell C. Silverglate, President
Date: August 6, 1999
Daytime Phone #: 561-391-1900