

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

97 APR -4 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031180

1. Corporation Name

PETERSEN & HAWTHORNE, P.A.

Principal Place of Business

ONE FINANCIAL PLAZA, SUITE 2012  
FORT LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA, SUITE 2012  
FORT LAUDERDALE FL 33394

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

2. New Principal Office Address, If Applicable

1700 East Las Olas Blvd.

Suite, Apt. #, etc.

101-B

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. New Mailing Office Address, If Applicable

1700 East Las Olas Blvd.

Suite, Apt. #, etc.

101-B

City & State

Fort Lauderdale

Zip

33301

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1995

5. FEI Number

650574499

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
1	2	3	4
DR	PETERSEN, BYRON G	ONE FINANCIAL PLAZA, SUITE 2012	FORT LAUDERDALE FL 33394
<del>2000002135957-8 -04/08/97-01031-014 ****915.00 ****915.00</del>			
<del>JB4-4-97</del>			

8. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 18TH STREET

FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

Byron G. Petersen

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

1700 East Las Olas Blvd.

Suite, Apt. #, Etc.

101-B

City

Fort Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date March 31, 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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

3/31/97 954-832-9988  
Date Daytime Phone #

CR20040 (7/96)