

PLEASE READ A INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000045425

1. Corporation Name

The CPA Corporation

Principal Place of Business

Mailing Address

8338 S.W. 182<sup>nd</sup> Terrace Same  
Miami, FL 33157

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

2. New Principal Office Address, If Applicable

8338 SW 182 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33157

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT 98-9a

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/95

5. FEI Number

65-0626138

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
Pres	George R. Phillips	8338 S.W. 182 Terrace	Miami, FL 33157

300002977593--6  
-09/02/99--01096--012  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~Charles Johnson~~ Spenser Kornzmbel  
KTG-S  
100 SE 2 street 28th floor  
Miami, FL 33131

Name Charles P. Johnson Jr.

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

3920 Riverland Rd.

Suite, Apt. #, Etc.

P.O. Box 460639

Fort Lauderdale

State

FL

Zip Code

33346-0639

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

Charles P. Johnson Jr.

REGISTERED AGENT MUST SIGN

Date

8/25/99

11. This corporation owes 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

*[Signature]*

8/25/99

Date

305-940-9899

Daytime Phone #

KE

CR2001 (12/96)