

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000098013

1. Corporation Name
PATRICIA A. DZIKOWSKI, P.A.

Principal Place of Business
4300 NORTH UNIVERSITY DRIVE, SUITE B103
LAUDERHILL FL 33351

Mailing Address
4300 NORTH UNIVERSITY DRIVE, SUITE B103
LAUDERHILL FL 33351

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

2. New Principal Office Address, If Applicable
4300 N. UNIV. DR.
Suite, Apt. #, etc. A 200

3. New Mailing Office Address, If Applicable
4300 N. UNIV. DR.
Suite, Apt. #, etc.

City & State **FT. LAUDERDALE, FL**
Zip **33351** Country

City & State **FT. LAUDERDALE, FL**
Zip **33351** Country

4. Date Incorporated or Qualified To Do Business In Florida 01/01/1996

5. FBI Number
15-0637654

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
PSTD	DZIKOWSKI, PATRICIA A	4300 NORTH UNIVERSITY DRIVE, SUITE A-205	LAUDERHILL FL 33351 PT. LAUDERDALE
			600002333096--6 -10/29/97--01110--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name **PATRICIA DZIKOWSKI Esq**
Street Address (P.O. Box Number is Not Acceptable)
4300 N. UNIVERSITY DR.
Suite, Apt. #, Etc.
A-205
City **FT LAUDERDALE** State **FL** Zip Code **33305**

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 Patricia D. Johnson
REGISTERED AGENT MUST SIGN

Date 10-23-97

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

FILED
97 OCT 27 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/10/28

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***750.00 ***750.00

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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Alicia Dzhowshi Pres 10-23-97 748 4377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**