

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 24 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015741

1. Corporation Name

LAW OFFICES OF KAPLAN & SINGHAL, P.A.

2. Principal Office Address

1323 S.E. 4TH AVENUE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-20-1996

5. FEI Number

65-0642619

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAAG SINGHAL

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

1323 S.E. 4TH AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

RAAG SINGHAL
REGISTERED AGENT MUST SIGN

Date 02-23-2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	CHARLES KAPLAN	1323 SE 4TH AVENUE	FT. LAUDERDALE, FL 33316
P	RAAG SINGHAL	1323 SE 4TH AVENUE	FT. LAUDERDALE, FL 33316
		500047788615 03/07/05--01018--019 **1350.00	
		500047788615 03/07/05--01018--020 **8.75	
		01-05	

10. 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)(f), 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:

RAAG SINGHAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-23-2005

Daytime Phone #

(954)
527-0035

CR2E081 (01/05)