

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000043001

1. Corporation Name

LAW OFFICE OF KAREN MILLS FRANCIS, P.A.

Principal Place of Business

Mailing Address

~~4720 BISCAYNE BOULEVARD~~
~~SUITE 1130~~
~~MIAMI FL 33137-3251~~

~~4720 BISCAYNE BOULEVARD~~
~~SUITE 1130~~
~~MIAMI FL 33137-3251~~

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

2. New Principal Office Address, If Applicable

2800 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Miami, FL

Zip

33137

Country

3. New Mailing Office Address, If Applicable

2800 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Miami, FL

Zip

33137

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1996

5. FEI Number

65-0666688

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MILLS, KAREN L <u>Karen L. Mills-Francis</u>	961 N.E. 152ND STREET	NORTH MIAMI BEACH FL 33162

000003038510--8
-11/08/99--01120--005
*****750.00 *****750.00

REINSTATEMENT

99

178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOGBO, CHUCK P.A.
2331 N. STATE ROAD 7
SUITE 124
LAUDERHILL FL 33313

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Chuck Mogbo

REQUIRED

Date

10/29/99

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

(305) 5735295

CR25040 (8/99)