

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 14 PM 1:45

DOCUMENT # P96000060652

1. Corporation Name

LISA V. STEWART, P.A.

Principal Place of Business

Mailing Address

1975 E SUNRISE BLVD  
SUITE 502  
FT. LAUDERDALE FL 33304  
US

1975 E SUNRISE BLVD  
SUITE 502  
FT. LAUDERDALE FL 33304  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1996

5. FEI Number

65-0675220

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	City / State / Zip
1	2	3	4
D	STEWART, LISA V	1975 E SUNRISE BLVD, SUITE 502	FT. LAUDERDALE FL 33311

300004562703--8

88/23/01--01094--005

\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, LISA V  
1975 E SUNRISE BLVD  
STE 535  
FT. LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*LISA V STEWART*  
REGISTERED AGENT MUST SIGN

Date

8-9-01

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:

*LISA V STEWART*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa V. Stewart

Date

8-9-01 954.4624246

Daytime Phone #

CR2E040 (9/00)