

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 FEB 24 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062039

1. Corporation Name

ADAM JEFFREY KATZ, P.A.

000195953210
02/24/11--01041--021 **750.00

000195953210
02/24/11--01041--020 **150.00

2. Principal Office Address - No P.O. Box #

5571 UNIVERSITY DR

Suite, Apt. #, etc.

204

City & State

CORAL SPRINGS, FL

Zip

33067

Country

U.S.

3. Mailing Office Address

5571 UNIVERSITY DR

Suite, Apt. #, etc.

204

City & State

CORAL SPRINGS, FL

Zip

33067

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/96

5. FEI Number

650689787

☐ 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

ADAM J. KATZ

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

5571 UNIVERSITY DR

Suite, Apt. #, Etc.

204

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

Date 2/22/11

REGISTERED AGENT MUST SIGN

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
P	ADAM J KATZ	5571 UNIVERSITY DR #204	CORAL SPRINGS, FL 33067
VP	GERALD KATZ	5571 UNIVERSITY DR #204	CORAL SPRINGS, FL 33067

REINSTATEMENT

RH

10. E-mail Address:

ADAM.J.KATZ@NATIONALRECOVERY.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in support of an application to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/11

854-761-8880

Date

Daytime Phone #