

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000092157

1. Corporation Name

PERSONAL ATTENTION INC.

Principal Place of Business

Mailing Address

~~0115 MIRAMAR PARK WAY~~

~~0115 MIRAMAR PARK WAY~~

~~MIRAMAR FL 33023~~

~~MIRAMAR FL 33023~~

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

2. New Principal Office Address, If Applicable

651 Seabreeze Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33316

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1996

5. FEI Number

65-0707863

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WOELTJEN, DONALD	0115 MIRAMAR PARKWAY	MIRAMAR FL 33023
D	FROST, EDWIN	3030 NE 19 STREET	FORT LAUDERDALE FL 33305
P	FROST, EDWIN	651 Seabreeze Blvd.	Fort Lauderdale, FL 33316
			300002446163--1 -03/03/98--01099--021 *****8.75 *****8.75
			300002446163--1 -03/03/98--01099--022 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

~~CARROLL, MARK M~~
~~11000 BIGGAYNE BLVD~~
~~SUITE 403~~
~~MIAMI FL 33161~~

9. Name and Address of New Registered Agent

Name

Edwin Frost

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

651 Seabreeze Blvd.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

Edwin Frost

REGISTERED AGENT MUST SIGN

Date 2/27/98

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:

Edwin Frost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/98 954-963-8800

FILED

98 MAR -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



97-98

CR20040 (8/97)