

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 DEC 30 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA60000103788

1. Corporation Name

T.T. Buerkley, Inc.

Principal Place of Business

Mailing Address

621 N.W. 53rd Street  
Suite 450  
Boca Raton, Florida 33487

Same

300003095369--0  
-01/12/00--01004--008  
\*\*\*1500.00 \*\*\*\*750.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0729283

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDT	Alfred R. Novas	621 N.W. 53rd Street, Suite 450	Boca Raton, Florida 33487
VPD	Mark Schiller	621 N.W. 53rd Street, Suite 450	Boca Raton, Florida 33487
S	Ira L. Young	621 N.W. 53rd Street, Suite 450	Boca Raton, Florida 33487

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8. Name and Address of Current Registered Agent

Neesa B. Warlen  
621 N.W. 53rd Street, Suite 450  
Boca Raton, Florida 33487

9. Name and Address of New Registered Agent

Name  
Ira L. Young, Esquire  
Street Address (P.O. Box Numbers Not Acceptable)  
621 N.W. 53rd Street  
Suite, Apt. #, Etc.  
Suite 450  
City  
Boca Raton  
State  
FL  
Zip Code  
33487

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

Ira L. Young  
REGISTERED AGENT MUST SIGN

Date 12-29-99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred R. Novas, President

12-29-99  
Date

(561) 237-2231  
Daytime Phone #