

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 22 AM 10:51

DOCUMENT # P97000008142

1. Corporation Name

Law Offices of Arnie S. Muskat, P.A.

REINSTATEMENT 04

2. Principal Office Address

12545 Orange Drive

Suite, Apt. #, etc.

Suite 503

City & State

Davie, Florida

Zip

33330

Country

USA

3. Mailing Office Address

12545 Orange Drive

Suite, Apt. #, etc.

Suite 503

City & State

Davie, Florida

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/97

5. FEI Number

650730022

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

Eliot P. Beifkind, Esq

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

12545 Orange Drive

Suite, Apt. #, Etc.

Suite 503

City

Davie

State
FL

Zip Code

33330

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

10/20/04

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	Arnie S. Muskat	12545 Orange Dr, #503	Davie, FL. 33330
V	" "	" "	" "
S	" "	" "	" "
T	" "	" "	" "

800042392348
11/02/04--01015--017 **750.00

10. 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:

Arnie S. Muskat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/04
Date

(954) 424-2420
Daytime Phone #