

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010630

1. Corporation Name

ERICA GREENBERG, P.A.

Principal Place of Business

STE. 200, 750 SE 3RD AVE.
FT. LAUDERDALE FL 33316

Mailing Address

STE. 200, 750 SE 3RD AVE.
FT. LAUDERDALE FL 33316



20024BH

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite 300

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 300

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1997

5. FEI Number

65-0739680

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 3	City / State / Zip 4
D	GREENBERG, ERICA	STE. 200, 750 SE 3RD AVE.	FT. LAUDERDALE FL 33316

900009529469
12/16/02--01103--009 **150.00

8. Name and Address of Current Registered Agent

GREENBERG, ERICA
750 SE 3RD AVE
STE 200
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

Suite 300

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. or 617.0505, F.S.

Signature of
Registered Agent

Erica Greenberg
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/12/02

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)(l), 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:

Erica Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

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2 of 2

12-12-02

TO Whom it May Concern

I did not receive the
prior UBR notices.

Sincerely