

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000011174

1. Corporation Name

LAW OFFICES OF DAVID A. FINKELSTEIN, P.A.

Principal Place of Business

Mailing Address

ONE N.E. 2ND AVENUE
SUITE #200
MIAMI FL 33132
US

PO BOX 403326
MIAMI BCH FL 33140

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

2. New Principal Office Address, If Applicable

20533 Biscayne Blvd
Suite, Apt. #, etc.
317

3. New Mailing Office Address, If Applicable

20533 Biscayne Blvd
Suite, Apt. #, etc.
317

City & State
Aventura Florida

City & State
Aventura Florida

Zip Country
33180 DGE USA

Zip Country
33180 USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1997

5. FEI Number

65-0816509

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FINKELSTEIN, DAVID A	ONE N.E. 2ND AVE, STE #200	MIAMI FL 33132
			600003496856--4 -12/12/00--01041--010 *****150.00 *****150.00
			800003496856--0 -12/12/00--01041--010 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

FINKELSTEIN, DAVID A
ONE N.E. 2ND AVENUE
SUITE #200
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name
David A. Finkelstein
Street Address (P.O. Box Number is Not Acceptable)
20533 Biscayne Blvd Suite 317
Suite, Apt. #, Etc.
Suite 317
City
Aventura
State
FL
Zip Code
33180

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

David A. Finkelstein
REGISTERED AGENT MUST SIGN

Date 10/20/00

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)(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:

David A. Finkelstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00 205-865-6368
Date Daytime Phone #

FILED

00 NOV 17 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/00)

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THE LAW OFFICES OF DAVID A. FINKELSTEIN
20533 BISCAYNE BOULEVARD SUITE 317
AVENTURA, FLORIDA 33180
PHONE (305) 865-6368/ FAX (305) 513-5650

October 20, 2000

Florida Department of State
Division of Corporations Annual Report Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

RE: Reinstatement of The Law Offices of David A. Finkelstein, P.A.

To Whom It May Concern:


Enclosed is a check for \$150.00 along with a copy of a police offense incident report dated March 28, 2000. As you see on March 28, 2000 I was the victim of a burglary and attempted murder. Someone broke into my home to rob my wife and I. The intruder did not know that I was home sleeping on my couch. When I woke up the subject and I encountered one another and I was stabbed in the chest, neck, cheek and back.

The wounds that I suffered placed me in the Critical Care Unit because they were one centimeter away from being fatal. As a result I was unable to return to work until on or about September 1, 2000, and when I did it was at a new Law Office address listed above.

Because of my mental state during my recovery time, along with my relocation I was unaware as to whether or not the corporation was dissolved. Truthfully I should have been aware of the dissolution because I know that payment is usually due every May 1, but for me during these past 6 months my mind has been in a surreal fog. My family and I have been under tremendous emotion, physical, and financial strain, and my focus has been primarily directed to successfully capturing the person who stabbed me and now hopefully prosecuting that person to the fullest extent under the law.

Anyway if you would please accept my payment of \$150.00 for reinstatement and waive all penalties I would very much appreciate it. Thank you and if you have any questions do not hesitate to contact me, and I look forward to paying my fees timely next year.

Sincerely,



David A. Finkelstein, Esq.

COMPLAINT/ARREST AFFIDAVIT

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Number		<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Jail No.		Police Case No.	
		<input type="checkbox"/> Juvenile <input type="checkbox"/> Warrant				0658-2000	
Agency Code		Municipal P.D. Det. ID No.		MOPD Records and ID No.		Court Case No.	
13							
DEFENDANT'S NAME		DOB m/d/y		Sex		Race	
VIVAS, JORGE LUIS		09/10/1981		M		W	
ADDRESS		City		State		Zip	
15403 SW 75 CIRCLE LANE, MIAMI		MIAMI		FL		33155	
PHONE ADDRESS		City		State		Zip	
305 387-8171		MIAMI		FL		33155	
ESS ADDRESS		City		State		Zip	
UNK		MIAMI		FL		33155	
DRIVER'S LICENSE NO.		Social Security No.		Scars, Tattoos, Unique Physical Features			
1120 432 81 330-0		UNK		R/MIDDLE FINGER "60"			
Arrest Date m/d/y		Arrest Time		Arrest Location (include name of business)		GRID	
04/06/2000		4:11 P.M.		1930 Central Ave 126, HALLANDALE			
Has Concealed Weapons Permit?		For Robbery, Burglary, FIA Viol: Suspected History of drug involvement?		Influence of Drugs		Influence of Alcohol	
No		No		No		No	
DEFENDANT'S		DOB m/d/y		Citizenship		Read Type	
UNK				No		City	
						State	
						Florida	

DRUG ACTIVITY		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		DRUG TYPE		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
N. N/A		B. Buy		D. Deliver		Z. Other				N. N/A		C. Cocaine		M. Marijuana		S. Synthetic		Z. Other	
Possess		T. Traffic		E. Use						A. Amphetamine		E. Heroin		Q. Opium/Derv.					
GNAL:		<input type="checkbox"/> 100		<input type="checkbox"/> 150		<input type="checkbox"/> 200		<input type="checkbox"/> 250		<input type="checkbox"/> 300		<input type="checkbox"/> 400							
CHARGES		Activity		Type		Counts		STATUTE		D.V.		<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> CIT		VIOLATION OF SECT.					
BURGLARY/BATTERY		N		N		1		810.02(2)(2)						14-1					
ATTEMPTED FELONY MURDER		N		N		1		782.051											
AGGRAVATED BATTERY		N		N		1		784.045.2											

I, the undersigned, certify and swear that he has just and reasonable grounds to believe, and does believe that the above named Defendant

on the 28th day of APRIL 2000, at 2:11 P.M. 10,000 W. BAY HAVEN BLVD, PH5 (Location, include name of business)

committed the following violation of law: Narrative: (Be specific) IN THAT THE DEF. DID KNOWINGLY AND INTENTIONALLY ENTER THE RESIDENCE OF THE VICTIM (FINKELSTEIN, DANA) ON THE ABOVE DATE, TIME, AND LOCATION THE DEF. ENTERED THE HALL BATHROOM AND REMOVED A RED BOX CONTAINING THE VICTIM'S WIFE'S JEWELRY WORTH AT \$30,000. THE VICTIM CALLED BECAUSE HE HEARD NOISES. AT THIS TIME, THE DEF. WENT TO A BATHROOM WHICH WAS UNDER REPAIR, AND DOWN THE HALL AND ALONG FROM THE MASTER BEDROOM. THE VICTIM RAN OUT ABOUT THE HOME TO INVESTIGATE THE SOUNDS.

I understand that should I fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Family Division Juvenile Section) anytime that my address changes.		I understand that should I fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Family Division Juvenile Section) anytime that my address changes.	
Sworn to and subscribed before me, the undersigned authority, this 6TH day of APRIL 2000		Sworn to and subscribed before me, the undersigned authority, this 6TH day of APRIL 2000	
Deputy of the Court or Notary Public		Deputy of the Court or Notary Public	
Signature of Defendant / Juvenile and Parent or Guardian		Signature of Defendant / Juvenile and Parent or Guardian	

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AFTER LEAVING THE MASTER BED ROOM, THE VICTIM WALKED INTO THE BATHROOM AND REARED. THE DEF, WHO WAS NOW HIDING BEHIND THE BATHROOM DOOR, PULLED THE VICTIM INTO THE BATHROOM AND STRABBED THE VICTIM THROUGH THE CREEK, PRESSED HIS TONGUE, AND KNOCKING OUT A TOOTH. AS THE VICTIM STRUGGLED WITH THE DEF, THE VICTIM WAS STRABBED ON BOTH SIDES OF HIS NECK WITH A BLACK HANDLED KNIFE. BOTH THE VICTIM & THE DEF FELL INTO THE SHOWER STALL. THE DEF LUNGED ON TOP OF THE VICTIM STRABBED & CUT THE VICTIM ABOUT THE BODY. THE ATTACK ON THE VICTIM STOPPED WHEN THE VICTIM FINALLY BEGGED & PLEADED FOR HIS LIFE. THE VICTIM WAS TAKEN TO MT SINAI HOSPITAL AND ADMITTED.

☐ You need not appear in court, but must comply with the instructions on the reverse side hereof.

APR 19 2000

[Signature]
 Captain the Court of Merit Rubin

Deputy of the Court of Registry Public