

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN 18 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035838

1. Corporation Name

LAW OFFICES OF ROZALYN LANDISBURG, P.A.

Principal Place of Business

Mailing Address

13899 BISCAYNE BLVD.  
SENATOR LAW BLDG., STE. 110  
N. MIAMI BEACH FL 33181

13899 BISCAYNE BLVD.  
SENATOR LAW BLDG., STE. 110  
N. MIAMI BEACH FL 33181

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

99-0

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/1997

5. FEI Number

65-0744639

Applied For

Not Applicable

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip  |
|---------------|---|--|--|
| D             | LANDISBURG, ROZALYN                       | 13899 BISCAYNE BLVD., STE. 110                         | N. MIAMI BEACH FL 33181  |
| PVST          | LANDISBURG, ROZALYN                       | 13899 BISCAYNE BLVD., STE. 110                         | N. MIAMI BEACH FL 33181  |
|               |   |  | 4000003114074--8<br>-01/28/00--01027--001<br>****900.00 ****900.00 |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

ROZALYN LANDISBURG  
3405 S LONGFELLOW CIRCLE  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

Date

Daytime Phone #

KE