

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**99-01 VER**

FLORIDA DEPARTMENT OF STATE  
CORPORATION REINSTATEMENT  
James E. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **D97000052018**

1. Corporation Name  
**LAW OFFICE OF KATZ & FRIEDMAN, PA**

2. Principal Office Address  
**100 S. Pine Island Rd**  
Suite, Apt. #, etc.  
**Suite 114**  
City & State  
**Plantation, FL**  
Zip  
**33324** Country  
**USA**

3. Mailing Office Address  
**100 S. Pine Island Rd**  
Suite, Apt. #, etc.  
**Suite 114**  
City & State  
**Plantation, FL**  
Zip  
**33324** Country  
**USA**

**FILED**  
**01 FEB 22 PM 3:31**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida  
**6/12/97**

5. FEI Number  
**65-0760588**

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  
**4000003784114-1**  
Name  
**Friedman, Suzanne ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 S. Pine Island Rd**  
Suite, Apt. #, Etc.  
**Suite 114**  
City  
**Plantation**  
State  
**FL** Zip Code  
**33324**

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  
**Suzanne Friedman**  
REGISTERED AGENT MUST SIGN  
Date  
**2/16/01**

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
<b>D</b>	<b>SUZANNE FRIEDMAN ESQ.</b>	<b>100 S. Pine Island Rd Suite 114 Plantation, FL 33324</b>	<b>Plantation, FL 33324</b>
<b>D</b>	<b>Wendy Katz, ESQ.</b>	<b>100 S. Pine Island Rd Suite 114</b>	<b>Plantation, FL 33324</b>

**LS**

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: **Suzanne Friedman Esq.** **SUZANNE FRIEDMAN** **2/16/01** **(954) 915-9151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

2062

*Law Office of*  
**KATZ & FRIEDMAN**  
Professional Association

Telephone: (954) 915-9151  
Facsimile: (954) 915-9152

Wendy Katz, Esq.\*  
Suzanne Friedman, Esq.  
\*also Member NY Bar

100 South Pine Island Road  
Suite 114  
Plantation, FL 33324

February 15, 2001

Division of Corporations  
Reinstatement Department  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Law Office of Katz & Friedman, P.A.  
Document No.: P97000052018

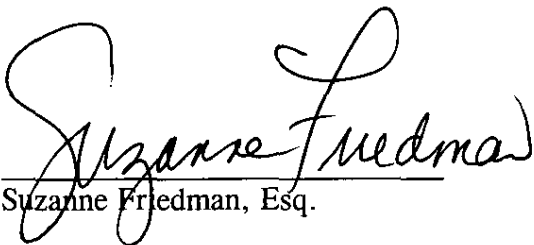
To Whom It May Concern:

Enclosed herewith, please find a completed application for reinstatement of the above-reference corporation which was administratively dissolved September 24, 1999 for failure to file Annual Report.

As we are objecting to the Reinstatement Fee, enclosed is our firm check for \$450.00 as the Fee should be waived since this office never received any notices from the Division of Corporation for 1999. Although we relocated our offices from 150 S.E. 12<sup>th</sup> Street, Fort Lauderdale to our present address in 1999, we had all of our mail forwarded and no notices were received to file the Annual Report.

If you have any further questions, please do not hesitate to contact my office.

Yours truly,

  
Suzanne Friedman, Esq.

Enclosure