

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 21 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060409

1. Corporation Name

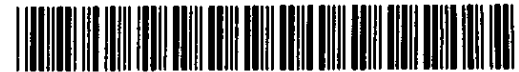
FENSTERSHEIB & BLAKE, P.A.

Principal Place of Business

520 WEST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33309

Mailing Address

520 WEST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33309



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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/11/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0787180

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	FENSTERSHEIB, ROBERT J	5940 SW 37TH TERRACE	FT. LAUDERDALE FL 33312
V	BLAKE, MARLOWE J	8300 SW 61ST AVENUE	MIAMI FL 33143

500009145365  
11/21/02--01026--032 \*\*150.00

8. Name and Address of Current Registered Agent

FENSTERSHEIB, ROBERT J  
5940 SW 37TH TERRACE  
FT. LAUDERDALE FL 33312

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. or 617.0505, F.S.

Signature of  
Registered Agent

*NO SIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

Date 11/18/02

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)(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

11/18/02  
Date

954-456-2482  
Daytime Phone #

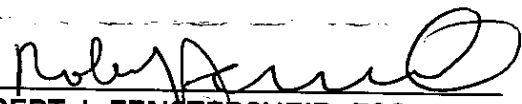
CR2E040 (8/02)

**AFFIDAVIT OF NON-RECEIPT**


STATE OF FLORIDA       )  
                                  ) SS:  
COUNTY OF BROWARD    )

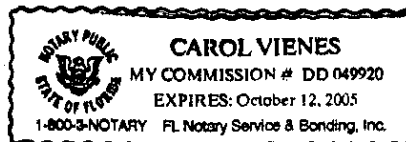
BEFORE ME, the undersigned authority, duly licensed to administer oaths and take acknowledgments, personally appeared ROBERT J. FENSTERSHEIB, ESQ., who deposes and says that two prior Uniform Business Reports were never received by Fenstersheib & Blake, P.A.

FURTHER AFFIANT sayeth naught.

  
ROBERT J. FENSTERSHEIB, ESQ.

SWORN TO and subscribed  
before me this 31 day of  
October, 2002.

  
NOTARY PUBLIC, State of Florida  
at large



My commission expires: