

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000062799

**1. Corporation Name**

PAUL D. FRIEDMAN, P.A.

**2. Principal Office Address**

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 2050

City & State

Miami, FL

Zip

33131

Country

USA

**3. Mailing Office Address**

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 2050

City & State

Miami, FL

Zip

33131

Country

USA

**REINSTATEMENT**

T. Roberts

MAR 01 2006

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/21/1997

**5. FEI Number**

65-0768291

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**

Name

PAUL D. FRIEDMAN

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

1111 Brickell Avenue

Suite, Apt. #, Etc.

Suite 2050

City

Miami

State

FL

Zip Code

33131

**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

*Paul D. Friedman*

REGISTERED AGENT MUST SIGN

Date 02-22-06

**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
DP	PAUL D. FRIEDMAN	1111 Brickell Ave., Ste.2050	Miami, FL 33131

**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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-22-06

Date

(305) 377-4100

Daytime Phone #

ATTORNEYS AT LAW  
**FRIEDMAN & FROST, P.L.**  
A PROFESSIONAL LIMITED LIABILITY COMPANY INCLUDING PROFESSIONAL ASSOCIATIONS  
MELLON FINANCIAL CENTER  
1111 BRICKELL AVENUE  
SUITE 2050  
MIAMI, FLORIDA 33131

PAUL D. FRIEDMAN, P.A.  
PAUL D. FRIEDMAN, ESQ

B292  
WRITER'S DIRECT:  
TELEPHONE (305) 377-4100  
FACSIMILE (305) 377-4103  
paul@friedmanfrost.com

February 22, 2006

Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Paul D. Friedman, P.A.**  
**Document #P97000062799**

Dear Sir/Madame:

In connection with the above referenced matter, please be advised that the Annual Report was not filed timely due to the fact that my office relocated and such report was never delivered to me at my current address.

As indicated by your office, enclosed is a check for \$600.00 for the filing fees bringing this Corporation to date and waiving all penalties thereto.

Thank you for your assistance in this matter.

Very truly yours,

FRIEDMAN & FROST, P.L.



PAUL D. FRIEDMAN

PDF:rz  
Encls.