

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra M. Moham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078490

1. Corporation Name

DOUGLAS C. WOLFE, P.A.

Principal Place of Business

P. O. BOX 19-1588
MIAMI FL 33119

Mailing Address

P. O. BOX 19-1588
MIAMI FL 33119

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/10/1997

5. FEI Number

65-808 4378

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WOLFE, DOUGLAS C	P. O. BOX 19-1588	MIAMI BEACH FL 33119

500002885705--5
-05/25/99--01050--011
****150.00 ****150.00
500002885705--5
-05/25/99--01050--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

COFINO, PEDRO A ESO
407 LINCOLN ROAD SUITE 2B
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

4/2/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Wolfe
Douglas C. Wolfe

4/19/99

305 672 1234

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April 19, 1999

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

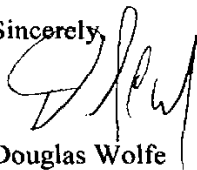
To Whom It May Concern:

After discussing the Notice of Administrative Dissolution or Revocation notice with my CPA, I hereby submit to you the following explanation and annual payment for 1997:

My corporation was formed 9/10/97. A checking account was established in January of 1998. Business was not conducted until 1/1/98. A change of address was processed during the time you were sending notices of the requirement to file an annual report. I was not aware one was necessary.

Please accept the enclosed annual fee and reinstate my corporation.

Sincerely,



Douglas Wolfe
President
Douglas C. Wolfe, P.A.
P.O. Box 19-1588
Miami Beach, Fl. 33119