

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

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DOCUMENT # **P97000079979**

1. Corporation Name

CRITICAL ANALYSIS, INC.

Principal Place of Business

3840 KENT CT
COCONUT GROVE FL 33133

Mailing Address

3840 KENT CT
COCONUT GROVE FL 33133

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

09/15/1997

5. FEI Number

65-0782786

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	4 City / State / Zip
PTS	MARKS, LAWRENCE M	3840 KENT CT	COCONUT GROVE FL 33133

900003039963--6
-11/09/99--01074--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MARKS, STEVE
25 W FLAGLER ST
8TH FLOOR
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name **LAWRENCE M. MARKS**
Street Address (P.O. Box Numbers Not Acceptable)
3840 KENT COURT
Suite, Apt. #, Etc.

City **COCONUT GROVE**

State **FL**

Zip Code **33133**

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 **10/12/99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.12.99 305-484-2150

CRITICAL ANALYSIS, INC.

Expert consulting on slips and falls, construction and condominium matters
Lawrence M. Marks, Consultant

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October 27, 1999

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

Re: Document # P97000079979

To Whom It May Concern:

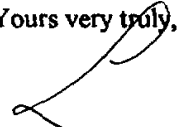
I received the attached application last week and was shocked to find out that my corporation had been dissolved for nonpayment of the corporate registration with the state.

I called and spoke to Michelle Milligan who informed me that to reinstate the corporation without penalty, I had to write a letter explaining the circumstances. The circumstances are that I never received an application or form from the State of Florida for purposes of filing the annual report.

I therefore respectfully request that my check for \$150.00 which is the regular fee be accepted by the Department.

Thank you very much.

Yours very truly,


Lawrence M. Marks, President
Critical Analysis, Inc.

Encl/application
Corporate Registration