

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088629

1. Corporation Name

CARL HANDWERKER P.A.

2. Principal Office Address

1800 S OCEAN DRIVE

Suite, Apt. #, etc.

1007

City & State

POMPANO BEACH, FLORIDA

Zip

33062

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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

10-13-97

5. FEI Number

65-0792594

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

REITANO, ANTHONY J

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

3200 N FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE 221

City

BOCA RATON

State

FL

Zip Code

33431

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

Anthony J. Reitano

Date 3-16-05

REGISTERED AGENT MUST SIGN

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
D	HANDWERKER, CARL	1800 S OCEAN BLVD #1007	POMPANO BEACH, FL 33062
D	HANDWERKER, SILVIA	1800 S OCEAN BLVD #1007	POMPANO BEACH, FL 33062

REINSTATEMENT

02-05

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)(l), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL HANDWERKER

Date

X 3-16-05

(954) 772-1122

Daytime Phone #

CP2E081 (01/05)

ANTHONY J. REITANO
CERTIFIED PUBLIC ACCOUNTANT

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

ASSOCIATE MEMBER
FLORIDA BUSINESS
BROKERS ASSOCIATION

March 16, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Carl Handwerker PA
Document No: P97000088629

Dear Sir/Madam:


Please be advised that my client, the sole shareholder of the above-referenced corporation, recently became aware that the corporation was administratively dissolved on October 4, 2002.

Early in 2002, the location of the corporation was moved. It would appear that the original Corporation Annual Report forms never reached my client and, accordingly, the corporation was dissolved on October 4, 2002 for failure to file the annual report.

We respectfully request that the Department of State waive any penalties and/or fees associated with the late filing/reinstatement of the corporation. Enclosed you will please find the properly executed corporation reinstatement form along with the corporation's check in the amount of \$600, which represents the annual filing fee for the years 2002, 2003, 2004 and 2005.

Thank you very much for your consideration in this matter. Please do not hesitate to contact the undersigned should you have any questions.

Very truly yours,


Anthony J. Reitano
Certified Public Accountant

AJR/df

enclosures

cc: Carl Handwerker PA (w/ enclosures)