

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P97000089574**

1. Entity Name  
**THE LAW OFFICES OF STEVEN M. SINGER, P.A.**



Principal Place of Business  
**88 NORTHEAST 168TH STREET  
NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**88 NORTHEAST 168TH STREET  
NORTH MIAMI BEACH, FL 33162**

2. Principal Place of Business - No P.O. Box #  
**290 NW 165 ST**  
Suite, Apt. #, etc.  
**# M-500**  
City & State  
**MIAMI, FL**  
Zip  
**33169** Country  
**USA**

3. Mailing Address  
**290 NW 165 ST**  
Suite, Apt. #, etc.  
**# M-500**  
City & State  
**MIAMI, FL**  
Zip  
**33169** Country  
**USA**

**FILED**  
**07 OCT 17 AM 9:40**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**REINSTATEMENT**

10/02/07 REIN CR2E098 (1707)

4. FEI Number  
**65-0788299**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SINGER, STEVEN  
290 NW 165TH ST  
MIAMI, FL 33165**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE **10/16/07**

**FILE NOW!!! FEE IS \$450.00  
After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SINGER, STEVEN M 290 NW 165TH ST, # M-500 MIAMI, FL 33169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100110918641 10/17/07--01070--010 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **STEVEN M. SINGER** 10/16/07 (305) 6538989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #