H08000206041

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 SEP -2 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093175

1. Corporation Name
ROBERT FLAVELL, P.A.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
14400 NW 77 Court		14400 NW 77 Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 101		Suite 101	
City & State		City & State	
Miami Lakes, Florida		Miami Lakes, Florida	
Zip	Country	Zip	Country
33016	USA	33016	USA

REINSTATEMENT 98-08
CR2E081 02/07

4. Date Incorporated or Qualified To Do Business In Florida 10/30/1997

5. FEI Number ☑ 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
Robert Flavell

Street Address (P.O. Box Number is Not Acceptable)
14400 NW 77 Court

Suite, Apt. #, Etc.

City	State	Zip Code
Miami Lakes	FL	33016

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Robert Flavell By V.Hawk, as atty-in-fact Date 9/2/08
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	Robert Flavell	14400 NW 77 Court Suite 101	Miami Lakes, FL 33016

REINSTATEMENT

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: Robert Flavell By V.Hawk, as atty-in-fact 9/2/08 561-694-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000206041 3)))

H080002060413ABCV

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To:
     Division of Corporations
     Fax Number      : (850)617-6384

From:
     Account Name    : CORPORATE CREATIONS INTERNATIONAL INC.
     Account Number  : 110432003053
     Phone           : (561)694-8107
     Fax Number      : (561)694-1639
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CORPORATION REINSTATEMENT

ROBERT FLAVELL, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$2,250.00

Electronic Filing Menu Corporate Filing Menu Help