

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -1 PM 12:13

DOCUMENT # P970000108097

1. Corporation Name

Christopher Trumbach, P.A.

2. Principal Office Address

10919 NW 62nd Ct

Suite, Apt. #, etc.

City & State

Parkland FL

Zip

33076

Country

USA

3. Mailing Office Address

10919 NW 62nd Ct

Suite, Apt. #, etc.

City & State

Parkland, FL

Zip

33076

Country

USA

REINSTATEMENT 99-9

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

12/26/97

5. FEI Number

65-0826356

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

Christopher Trumbach

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

10919 NW 62nd Ct

Suite, Apt. #, Etc.

City

Parkland

100004217521

05/15/01 01082 028

***1050.00 ***1050.00

State

FL

Zip Code

33076

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

Christopher Trumbach

Date 4-25-01

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

Pres

Christopher Trumbach

10919 NW 62nd Ct

Parkland/FL/33076

DRS/11

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)(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:

Christopher Trumbach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

954-931-2977

Daytime Phone #

CR2E081 (9/00)