

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:16

SECRETARY OF STATE
1000090210471
11/15/02--01047--015 **150.00

DOCUMENT # P97000108562

1. Corporation Name

IRENE KESSLER, P.A.

Principal Place of Business

6294 VIA PALLADIUM
BOCA RATON FL 33433

Mailing Address

6294 VIA PALLADIUM
BOCA RATON FL 33433



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0396656

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	KESSLER, IRENE	6294 VIA PALLADIUM	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

SIEGEL, SPENCER B
185 NW SPANISH RIVER BLVD
STE 290
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name SPENCER SIEGEL

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

1600 S. DIXIE HWY

Suite, Apt. #, Etc.

STE 300

City

BOCA RATON

State

FL

Zip Code

33432

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/12/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/02 561-213-5034

Daytime Phone #

CR2E040 (8/02)



11/12/02

Jim Smith, Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
Tallahassee, FL 32314-6327

Dear Mr. Smith,

As per my telephone conversation with your department, I am writing to state that the renewal application for my corporation was never received. However, I have made all required payments throughout the year. Therefore, I am enclosing the application I received for renewal with a check for \$150.00 as instructed.

Thank you for your attention to this matter.

Sincerely,

Irene Kessler
Irene Kessler, P.A.

ENCLOSING FOR YOURS: WITH A CHECK FOR \$150.00 AS INSTRUCTED.
Irene Kessler, P.A. 6294 Via Palladium, Boca Raton, Florida 33433 561-213-5034