

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

200023958852  
10/21/03--01012--014 \*\*150.00

10/16/03

8. Name and Address of Current Registered Agent

SIEGEL, SPENCER B  
1600 S DIXIE HWY  
STE 300  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date

10/16/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 561-395-8768

Date

Daytime Phone #

CR2E040 (7/03)



**Irene Kessler, P. A.**

6294 Via Palladium  
Boca Raton, Fl. 33433

October 14, 2003

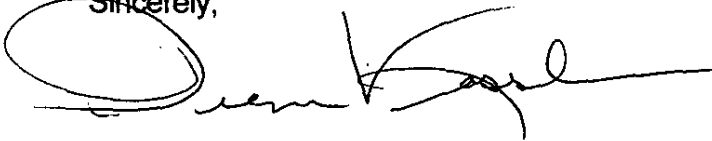
Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Fl. 32314-6327

Dear Sir or Madam:

According to our telephone conversation of October 14, I have enclosed the application and a check for \$150.

This is the second year I did not receive the original application although all the information is correct. I hope that this will be cleared up in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Irene Kessler', with a large, stylized initial 'I'.

Irene Kessler  
President

cc: [illegible]

[illegible]

ENCLOSURE IS CORRECT  
THIS IS THE SECOND YEAR

ENCLOSURE IS CORRECT  
THIS IS THE SECOND YEAR

[illegible]