

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 NOV 14 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

898000002997

1. Corporation Name

David P. Ryan  
2900 middle st., 7th floor  
Miami, Florida 33133

2. Principal Office Address

Same as above

3. Mailing Office Address

Same

Suite, Apt. #, etc.

7th floor

Suite, Apt. #, etc.

Same

City & State

Miami FL

City & State

Miami  
FL 33133

Zip

33133

Country

USA

Zip

33133

Country

USA

600009006666

11/14/02--01063--024 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1/12/98

5. FEI Number

650807603

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

William K. Terry

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

2900 middle st.

Suite, Apt. #, Etc.

7th floor

City

Miami

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11/12/02

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
P/D	David P. Ryan	3506 Solene Rd.	Miami FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/02 305 529 5000

Daytime Phone #

CR2E081 (9/01)

Law Offices

# DAVID P. RYAN

2900 Middle Street, 7<sup>th</sup> Floor  
Coconut Grove, Florida 33133

Office: (305) 529-5000, Facsimile: (305) 442-2559  
dpr@dprlaw.com

November 12, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Uniform Business Corp/ Letter of Non Receipt

Dear Sirs:

This letter shall serve as to accompany my application to reinstate my above referenced corporation, just prior to the year 2000 my father was tragically killed. At that time I moved to NY for a long period of time to help my family. By the time I returned to reestablish my business, it had become inactive. Enclosed please find a check in the amount of \$450.00 to cover the past five years. Incidentally, without even knowing the exact reason why I was out of the state for so long, the young lady from the Department of State with whom I spoke was informative, gracious and caring, I only wish I had gotten her name so that I could thank her personally.

Should you have any questions please do not hesitate to contact me directly at the address or telephone number listed above.

Very truly yours,



DAVID P. RYAN

DPR:IKI