

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 11 PM 12:22

DOCUMENT #

1. Corporation Name

MICHAEL R. PIPER, P.A.

2. Principal Office Address

790 E. Broward Blvd.

3. Mailing Office Address

790 E. Broward Blvd.

Suite, Apt. #, etc.

#400

Suite, Apt. #, etc.

#400

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

REINSTATEMENT 03-04

000035717180

05/06/04--01064--004 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/98

5. FEI Number

65-0810061

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

MICHAEL R. PIPER

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

790 E. Broward Blvd.

Suite, Apt. #, Etc.

#400

City

Fort Lauderdale

State
FL

Zip Code

33301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05/03/04

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	MICHAEL R. PIPER	5311 NE 16th Terrace	Fort Lauderdale, FL 33334

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]

MICHAEL R. PIPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/04

Date

954-463-0100

Daytime Phone #

CR2E081 (01/04)