

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 DEC 27 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000015625**

1. Corporation Name

MICHAEL I. GREENBERG, P.A.

Principal Place of Business

**3509 BAYSHORE VILLAS DR
MIAMI FL 33133**

Mailing Address

**3509 BAYSHORE VILLAS DR
MIAMI FL 33133**

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

2. New Principal Office Address, If Applicable

46
Suite, Apt. #, etc.
1600 151e Dr #603

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1600 151e Dr #603

City & State
Miami FL

City & State
Miami FL

Zip
33133

Country
USA

Zip
33133

Country
USA

REINSTATEMENT

02



900009716159
12/27/02--01049--008 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1998

5. FEI Number

65-0815397

Applied For

Not Applicable

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
PST	GREENBERG, MICHAEL I	3509 BAYSHORE VILLAS DR	MIAMI FL 33133
D	GREENBERG, MICHAEL I	3509 BAYSHORE VILLAS DR	MIAMI FL 33133

8. Name and Address of Current Registered Agent

WEINTRAUB, JAMES L
2250 SW THIRD AVE 5TH FLOOR
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.
1600 151e Dr

City
#603

City
Miami

State
FL

Zip Code
33133

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 **12/16/02**

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

12/16/02
Date Daytime Phone #

CR2E040 (8/02)