

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 30 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000023036

1. Corporation Name

Adele Steinberger, P.A.

2. Principal Office Address

2133 Vining Circle

Suite, Apt. #, etc.

City & State

Wellington FL.

Zip Country

33410 USA

3. Mailing Office Address

c/o David Novak CPA

Suite, Apt. #, etc.

849 20th Street

City & State

Vero Beach FL.

Zip Country

32960 U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/98

5. FEI Number

65-0811347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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-07/19/00--01097--028

****900.00 ****900.00

7. Name and Address of Current Registered Agent

Name

Adele Steinberger

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

2133 Vining Circle

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33410

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

Adele Steinberger
REGISTERED AGENT MUST SIGN

Date 6/28/00

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
Pres	Adele Steinberger	2133 Vining Circle	Wellington, FL 33410
Secy	Fran Novak	1455 Corona Lane	Vero Beach, FL 32963
		REINSTATEMENT 99-00	ITS

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:

Fran Novak

Fran Novak, Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/00

Date

561-778-5100

Daytime Phone #