

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 18 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000028358**

1. Corporation Name

LAW OFFICE OF CORNELIUS SHIVER, P.A.

Principal Place of Business

Mailing Address

~~3337 THOMAS AVE~~ **226 E. Flagler St.** P.O. BOX 331542
~~MIAMI FL 33133~~ **Suite 200** MIAMI FL 33233
MIAMI, FL 33131



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

03/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0820688

Applied For

Not Applicable

City & State

City & State

~~MIAMI, FL~~
MIAMI, FL

~~USA~~
USA

6. ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SHIVER, CORNELIUS	P.O. BOX 331542	MIAMI FL 33233
PVST	SHIVER, CORNELIUS	P.O. BOX 331542	MIAMI FL 33233

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SHIVER, CORNELIUS~~
~~3337 THOMAS AVE~~
~~MIAMI FL 33133~~

Name **Cornelius Shiver**
Street Address (P.O. Box Number is Not Acceptable)
226 E. Flagler St.
Suite, Apt. #, Etc.
200
City **MIAMI** State **FL** Zip Code **33131**

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

11/20/02

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

Date

Daytime Phone #

Cornelius Shiver

11/20/02

(305) 416-4400

CR2E040 (8/02)