

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
1909
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000029895**

1. Corporation Name

THE LAW OFFICES OF BRAND & FERNANDEZ, P.A.

Principal Place of Business

80 SW 8TH STREET
MIAMI FL 33130

Mailing Address

80 SW 8TH STREET
MIAMI FL 33130

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1998

5. FEI Number

☒ 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
D	BRAND, CRAIG A ESQ.	9184 SW 132ND LANE	MIAMI FL 33156
D	FERNANDEZ, JOSEPH H ESQ.	8353 SW 5TH STREET	MIAMI FL 33144

8. Name and Address of Current Registered Agent

BRAND, CRAIG A ESQ.
9184 SW 132ND LANE
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name **CRAIG A. Brand, P.A. (SEPARATE ENTITY)**
Street Address (P.O. Box Number is Not Acceptable)
80 SW 8th St
Suite, Apt. #, Etc. **23rd Floor**
City **Miami** State **FL** Zip Code **33130**

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/10/99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Fernandez

Date **11/10/99** **305-537-3700**
Daytime Phone #

FILED
99 NOV 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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