

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 PM 3:43

DOCUMENT # P98000094243

1. Corporation Name

FORTUNATO & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

110 S.E. 6TH STREET
SUITE 1601
FT. LAUDERDALE FL 33301
US

545 EAST LAS OLAS BLVD.
~~SUITE #1150~~
~~FT. LAUDERDALE FL 33301-2268~~



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1998

5. FEI Number

65-0873495

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RIDGLEY-FORTUNATO, MELODY	110 S.E. 6TH STREET, SUITE 1601	FT. LAUDERDALE FL 33301

500003487845--9
-12/05/00--01075--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIDGLEY-FORTUNATO, MELODY
110 S.E. 6TH STREET
SUITE 1601
FT. LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 11/14/00

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

11/14/00

Date

(954) 728-1266

Daytime Phone #

CR2ED40 (8/00)

(2)

Law Offices of
FORTUNATO & ASSOCIATES, P.A.

Auto Nation Tower • Suite 1601
110 South East Sixth Street
Fort Lauderdale, Florida 33301

Member of Florida &
Federal Court Bars.

www.FortunatoAndAssociates.com

Telephone: (954) 728-1266
Facsimile: (954) 728-1268
Email: MRF1601@bellsouth.net

November 14, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32344

RE: P98000094243
Fortunato & Associates P.A.

Dear Sir/Madam:

Enclosed herewith is my Application for Reinstatement and a check in the amount of \$150..00.

This application was mailed to a business address that has been vacated for the past four years and I just recently received it at my correct mailing address. My mailing address and my place of business address are the same. I have changed it accordingly on the form and would ask that your records reflect same for all future mailings.

As the Application was mailed to the incorrect address, I am asking that the penalties be waived in this matter.

If you need any further information, please do not hesitate to contact this office.

—Thank you for your attention to this matter.

Very truly yours,

FORTUNATO & ASSOCIATES, P.A.



MELODY RIDGLEY FORTUNATO, ESQ.

MRF
Enclosures: 2