

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000010429

**1. Corporation Name**

MICHAEL R. FRIEND, P.A.

**2. Principal Office Address**

2100 Ponce de Leon Blvd.

Suite, Apt. #, etc.

1170

City & State

Coral Gables, FL

Zip

33134

Country

Miami-Dade

**3. Mailing Office Address**

2100 Ponce de Leon Blvd.

Suite, Apt. #, etc.

1170

City & State

Coral Gables, FL

Zip

33134

Country

Miami-Dade

FILED

06 JUL -5 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

04-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/29/99

**5. FEI Number**

65-0903693

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

FRIEND, MICHAEL R.

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

2100 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

1170

City

Coral Gables

State

FL

Zip Code

33134

**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

*Michael R. Friend*

REGISTERED AGENT MUST SIGN

Date

6-29-06

**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
PD	FRIEND, MICHAEL R.	2100 Ponce de Leon Blvd. Suite 1170	Coral Gables, FL 33134

**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 contained in Chapter 119, 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

*Michael R. Friend* MICHAEL R. FRIEND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/06

Daytime Phone #

305.443.0820