

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

01 OCT 26 PM 12:26

DOCUMENT # **P99000031643**

1. Corporation Name

IRIS LEIBOWITZ, P.A.

Principal Place of Business

Mailing Address

10670 NW 17TH PLACE
PLANTATION FL 33322

10670 NW 17TH PLACE
PLANTATION FL 33322



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

04/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0909501

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	LEIBOWITZ, IRIS	10670 NW 17TH PLACE	PLANTATION FL 33322
			200004678012--6
			11/14/01-01021-005
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEIBOWITZ, IRIS
10670 NW 17TH PLACE
PLANTATION FL 33322

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

10/16/01

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

**IRIS LEIBOWITZ P.A.
10670 N.W. 17TH PLACE
PLANTATION, FL 33322**

October 16, 2001

Department of state
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Corporation renewal

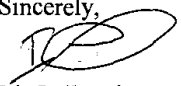
Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I never received the notice and only found out about it when my corporation taxes were being prepared. The penalty will create a hardship for my business and ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2001.

/ Thank you very much for your help and understanding.

Sincerely,



Iris Leibowitz