

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

DOCUMENT # P99000037689

1. Corporation Name

Stephen Black, P.A.

400139203724
12/22/08--01052--003 **450.00

REINSTATEMENT 06-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 1975 E. Sunrise Blvd. Suite, Apt. #, etc. #765 City & State FT. Lauderdale, FL Zip 33304 Country USA		3. Mailing Office Address Same as #2 Suite, Apt. #, etc. City & State Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida 1999	Applied For Not Applicable
5. FEI Number 650916585	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Stephen Black	
Street Address (P.O. Box Number is Not Acceptable) 1975 E. Sunrise Bl.	
Suite #, Etc. #765	
City FT Lauderdale	State FL Zip Code 33304

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Steve A. Bl Steve A Bl
REGISTERED AGENT MUST SIGN

Date 12/10/08

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
D	Stephen Black	1975 E. Sunrise Bl #765	FT Lauderdale, FL 33304

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 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 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:

Stephen A. Bl Steve A Bl 12/10/08 9545270089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #