

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 MAY 24 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99 0000 92920

1. Corporation Name

John L. Spittler, Jr. P.A.

2. Principal Office Address

1865 Brickell Ave.

Suite, Apt. #, etc.

TOWNHOUSE 5

City & State

MIAMI, FL

Zip

33129

Country

USA

3. Mailing Office Address

1865 Brickell Ave.

Suite, Apt. #, etc.

TOWNHOUSE 5

City & State

MIAMI, FL

Zip

33129

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct 21, 99

5. FEI Number

592-006-205

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

John L. Spittler Jr.

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

1865 Brickell Ave.

Suite, Apt. #, Etc.

TOWNHOUSE 5

City

MIAMI

State  
FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	John L. Spittler Jr.	1865 Brickell Ave	MIAMI, FL 33129

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 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

JOHN L. SPITTLER JR.

Date

5/22/02

Daytime Phone #

305-660-9992

CR2E081 (9/01)