

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN 21 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P99000094099

1. Entity Name
MARK SCHIFFRIN, P.A.



Principal Place of Business
4600 SHERIDAN ST
SUITE 303
HOLLYWOOD, FL 33021 US

Mailing Address
4600 SHERIDAN ST
SUITE 303
HOLLYWOOD, FL 33021 US

REINSTATEMENT



05242007 REIN-P CP2E098 (1/07)

FEI Number
65-0957049

Additional Fee Required
Not Applicable

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Certificate of Service checked ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFFRIN, MARK
4600 SHERIDAN ST
SUITE 303
HOLLYWOOD, FL 33021

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Signature typed or printed name of registered agent, not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-24-07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607 193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE
NAME
D SCHIFFRIN, MARK
STREET ADDRESS
CITY, ST, ZIP
4600 SHERIDAN ST SUITE 303
HOLLYWOOD, FL 33021

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000104886580
STREET ADDRESS
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06/26/07--01047--005 **300.00

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12. I hereby certify that the information provided with this filing does not qualify for the exemptions contained in Chapter 139, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-07 954-961
3466