

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2 003

APPLICATION
FORFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSDOCUMENT # **PC9000094025**

1. Corporation Name

WINTHROP & JOVANOVIH, P.A.

FILED

01 APR 30 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

**4723 WEST ATLANTIC AVENUE
BUILDING A, SUITE 9
DELRAY BEACH, FL 33445**

If above address are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

SEE ABOVE

3. New Principal Office Address, If Applicable

SEE ABOVE4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applying For

Not Applicable

City & State

City & State

22-3683767

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	DORIAN WINTHROP	374 PRAIRIE ROSE LANE	BOCA RATON, FL 33487
JO	ZORAN JOVANOVIH	4355 SW 8th ST #320	Boca Raton, FL 33428
			600004334306-4
			-05/30/01-01052-015
			***300.00 ***300.00

00-01632**78**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORIAN WINTHROP**HOME - 374 PRAIRIE ROSE LANE
BOCA RATON, FL 33487**

Name

WORK ADDRESS

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

4723 W. ATLANTIC AVENUE

Suite, Apt. #, Etc.

BUILDING A, SUITE 9

City

DELRAY BEACH

State

Zip Code

FL**33445**

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

REGISTERED AGENT MUST SIGN

Date

4/25/0111. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 #

4/25/01 (561) 638-7266

Page 2/2

Winthrop & Jovanovich, P.A.
4723 W Atlantic Avenue
Delray Beach FL 33445

April 25, 2001

REINSTATEMENT SECTION
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Winthrop & Jovanovich, P.A.

To Whom It May Concern:

Enclosed please find an Application For Reinstatement of the Corporation of Winthrop & Jovanovich, P.A. We are requesting a waiver of the late fees due to a change of address and not receiving the Corporation Annual Report.

Also enclosed please find a check for \$ 300. As filing fee.

Please file the enclosed Application For Reinstatement with the Department of State. A Certified Copy is not necessary.

Thank you for your cooperation to this matter.

Sincerely,


Dorian A. Winthrop
Director