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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 515942

1. Corporation Name

STRACHER & HARMON, P.A.

6363 N.W. 6TH WAY
SAME

2. Principal Office Address

6363 N.W. 6TH WAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

420

Suite, Apt. #, etc.

SAME

City & State

FORT LAUDERDALE, FL

City & State

SAME

Zip

33309

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified

To Do Business in Florida 12/04/1990

5. FEI Number

650237802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 MAY 26 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-04

7. Name and Address of Current Registered Agent

Name

LES STRACHER

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

6363 N.W. 6TH WAY

Suite, Apt. #, Etc.

420

City

FORT LAUDERDALE

State

FL

Zip Code

33309

400037731614
06/07/04--01070--017 **1203.75

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

See attached

Date

5/24/04

REGISTERED AGENT MUST SIGN

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/P	LES STRACHER	6363 N.W. 6TH WAY, SUITE 420	FORT LAUDERDALE, FL 33309
D/VP	KURT S. HARMON	6363 N.W. 6TH WAY, SUITE 420	FORT LAUDERDALE, FL 33309

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

LES Stracher

Date

5/24/04

Daytime Phone #

954-805-5666

CR2081 (01/04)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is

Stracher & Harmon, P.A.

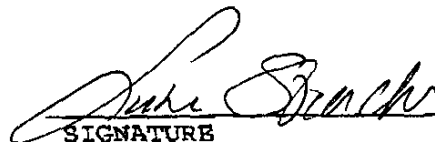
The name and address of the registered agent is

LES STRACHER, ESQ.

6363 N.W. 6TH WAY, SUITE 420

FT. LAUDERDALE, FL 33309

Having been named registered agent for the stated corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligations of my position.


SIGNATURE