PLEASE READ ALL	INSTRUCTIONS	BEFORE CO	MELETIN	IG THIS FORM	
APPLICATION	ORIFA EPART	TATE	D	-	
TOR	K the B H		4		
REINSTATEMENT	i DIVISION OF CORPO	BATIONS	FI	` LED	
DOCUMENT #5 2307					
DOCUMENT # 200 1 1. Corporation Name 1 1 0 0 0 0 0			UU MAY	7 PM 1:08	
1. Corporation Name Lloyd A. Baron, P. A			SECRETAR	Y OF STATE SEE, FLORIDA	
		[]	FALLAHAS:	SEE, FLORIDA	
	ling Address			•	
28\$5 University Drive Suite 30 1kg Coral Springs, FL 33065					
Coral Springs, FL 33065					
. ,				د	
If above addresses are incorrect in any way, line through in 2. New Principal Office Address, If Applicable 3. N	correct information and enter lew Mailing Office Address, If		Date Incorpora	ted or Qualified	
NIH Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Busines		91
- Control of Control o				- Applied For	
	UYG SDVIYIG	5 FL 6			Not Applicable Additional Fee required
Zip Country Zip	33065 0	ŠA L	CERTIFICATE OF		a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Direct Name of Officers		ations must list at least 3 eet Address of Each	directors)		
Title(s) and/or Directors	Of	ficer and/or Director se Post Office Box Numl	bers) 4	City / State	e / Zip
P 11 102	2825 V	MIYErsity D	y #350	Coval Cana	EL 220/C
1 Lloyd H. Baron				Coral Springs	, FC 35063
				nnnases	2004
				0003282: -06/03/000	
				****300.00	****300.00
				Ì	2h
8. Name and Address of Current Registe	red Agent	9.	Name and Add	ress of New Registered Ag	ient
Hand A Baron	Name				
7075 1301486 144 7	tt 2 C D	Street Address (P.O.	Box Number is N	lot Acceptable)	CR2E081(12/98
A D A S UMMOISTING DY 4 5 3 U		Suite, Apt. #, Etc.	O MAGE	S MY DV	S S
Lloyd A. Baron 2825 University Dr #350 Coral Springs, Fl 33065		City	320	State	Zip Code
10. I, being appointed the registered agent of the above noting	ed corgonation, am familiar w	(aval	Spring	FL 607.0505, F.S.	35065
Signature of		and doop! the oonga	orb or occured.	507.0500, 1.3.	
REGISTER	RED AGENT MUST SIGN			Date	
11. This corporation owes the current year(See oth			(See other side t	for information	
Intangible Personal Property Ta	ax due June 30.	Yes 🔲	No 🔼	on intangil	
12. I certify that I am an officer or director or the receiver or tru					
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 pay signature shall have the same legal effect as if made under oath.					
on the application is true and accurate, and try signature	ayıalı have the same legar ene	on as it mad e under oati	н.		
		_			\$
SIGNATURE:///_///	11	1. Baron		(9<1)7	96-2100

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	Request for one time walver
	To Whom It may (unlern
	This letter shall serve as my formal regues.
	for a wayer of the reinstatement fee and walc
	State as fullows
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	Charles Market 1999
· · · · · ·	Our office relocated in November 1998
	Buth myself and another attorney that moved
	with media not send in our annual report.
	Nether one of us realized that It was due
	as we did not recall recepting it at That Time.
	The other lawyer S. Howard Orner P.A. recently
	Yeinstuted J
	I am now awave that the viport is due
	between January and May of each year. I am enclusing a creek in the amount of \$300.00
	enclusing a check in the amount of \$300.00
	To wer the 99 and 00 years and apologize
	iter the mixup
<u></u>	Thank yw tor ywr (ourtesjes
·	9/11/
	

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