

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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**CORPORATION
REINSTATEMENT**



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

DOCUMENT # S23074

1. Corporation Name

Lloyd A. Baron P.A.

2001
408

2. Principal Office Address

2825 University Drive

Suite, Apt. #, etc.

Suite 350

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

'Same'

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/90

5. FEI Number

65-0241769

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

Lloyd A. Baron

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

2825 University Drive

Suite, Apt. #, Etc.

Suite 350

City

Coral Springs

State

FL

Zip Code

33065

300004769873-0
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****150.00 ****150.00

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

Date 12-26-01

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
P/S	Lloyd A. Baron	2825 University Dr #350	Coral Springs, FL 33065

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

12-26-01

Date

Daytime Phone #

CR2E081 (9/00)