

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAY -7 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **533897**

1. Corporation Name **DOLORES K. SANCHEZ, P.A.**

Principal Place of Business

Mailing Address

**4701 N. FEDERAL HWY
STE 316 BOX B-1
LIGHTHOUSE POINT, FL 33064**

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0247980

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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
D	SANCHEZ, DOLORES K.	4701 N. FEDERAL HWY STE 316 BOX B-1	LIGHTHOUSE PT FL 33064

300002184783--2

05/20/97 01037 026

******375.00 ****375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SANCHEZ, DOLORES K.
4701 N. FEDERAL HWY
STE 316, BOX B-1
LIGHTHOUSE PT, FL 33064**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 **5-6-97**

11. 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.)

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

5-6-97

Date

(954) 786-8585

Daytime Phone #

CR2ED40 (12/96)

LAW OFFICES

DOLORES K. SANCHEZ, P.A.

4701 NORTH FEDERAL HIGHWAY
SUITE 316 · BOX B-1
LIGHTHOUSE POINT, FLORIDA 33064

PHONE (954) 785-8585

FAX (954) 785-6163

May 6, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Dolores K. Sanchez, P.A.

Dear Sir/Madam:

This letter accompanies my Application for Reinstatement for the above corporation. Please be advised that I never received the Annual Report form(s) for 1996. As such, I am requesting that any additional penalties be waived, and the above corporation be reinstated.

Thank you for your consideration.

Sincerely,


Dolores K. Sanchez

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