

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -9 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

93-03

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04/09/03--01067--022 **1950.00

DOCUMENT # **S37649**

1. Corporation Name

SCOTT H. LUTWAK, C.P.A., P.A.
1166 W. NEWPORT CENTER DRIVE - STE-114
DEERFIELD BEACH, FL 33442

2. Principal Office Address

1166 W. NEWPORT CENTER DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE. 114

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

Zip

33442

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/14/91

5. FEI Number

65-0253649

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

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

SCOTT H. LUTWAK, CPA
1166 W. NEWPORT CENTER DR. SUITE 114
DEERFIELD BEACH, FL 33442

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 **4/3/03**

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
DP	SCOTT H. LUTWAK	1166 W. NEWPORT CENTER DRIVE - #114	DEERFIELD BEACH, FL 33442

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

4/3/03

Date

Daytime Phone #

954-426-4480

CR2E081 (10/02)