

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55602

1. Corporation Name
Sharon L. Flatow, M.A., P.A.
505 Maitland Avenue - Suite 130
Altamonte Springs, FL 32701

Principal Place of Business Mailing Address
505 Maitland Avenue - Suite 130
Altamonte Springs, FL 32701

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 5/23/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3057264	
City & State		City & State		Applied For 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
PT	Sharon L. Flatow	505 Maitland Avenue Suite #130	Altamonte Springs Florida 32701

800002264758--2
-08/12/97-01071-001
***\$65.00 ***\$65.00

8. Name and Address of Current Registered Agent

Sharon L. Flatow
505 Maitland Avenue - Suite 130
Altamonte Springs, FL 32701

9. Name and Address of New Registered Agent

Name Sharon L. Flatow
Street Address (P.O. Box Number is Not Acceptable) 505 Maitland Avenue -
Suite, Apt. #, Etc. Suite #130
City Altamonte Springs State FL Zip Code 32701

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 6/30/97

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.)

12. 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)(l), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON L. FLATOW

Date 6/30/97 (407) 240-5666
Daytime Phone #

CP2E040 (12/96)

Antonio Lemus C.P.A. P.A.
Certified Public Accountant
A Professional Association

Member
Florida Institute of Certified Public Accountants
American Institute of Certified Public Accountants

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Member
National Association of Accountants
Institute of Certified Management Accountants

June 20, 1997

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

Re: Sharon L. Flatow, M.A.
EIN: 59-3057264
Document No. 555602
Reinstatement of Corporation

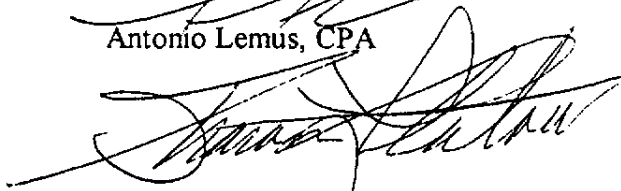
Dear Sirs:

Enclosed is the Company's application for reinstatement. The Company did not receive its Corporate Annual Report beginning in 1995 since it changed its location. We therefore respectfully request that the Department waive the penalty. Enclosed is a Company check #1649 in the amount of \$565 as per the instructions of the Reinstatement Department.

Thank you for your attention to this matter.

Respectfully submitted,


Antonio Lemus, CPA


Sharon L. Flatow, M.A.

AL/llk
Enclosures
Application for Reinstatement
Check #1649