

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S63106**

1. Corporation Name

PHILIP L. SCHWARTZ, P.A.

Principal Place of Business
**517 SW FIRST AVENUE
FORT LAUDERDALE FL 33301
US**

Mailing Address
**517 SW FIRST AVENUE
FORT LAUDERDALE FL 33301
US**

FILED

97 OCT 27 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

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 06/28/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0272113	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	SCHWARTZ, PHILIP L.	517 SW 1ST AVE	FT LAUDERDALE FL

000002333060--8
-10/29/97--01107--004
***750.00 ***750.00

8. Name and Address of Current Registered Agent

**SCHWARTZ, PHILIP L.
517 SW FIRST AVENUE
FORT LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 **10/29/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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

PHILIP L. SCHWARTZ

10/29/97 (954) 760-7770
Date Daytime Phone #

CR2E040 (8/97)