

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV -3 PM 12:02

mtm  
11/4

DOCUMENT # S94755

1. Corporation Name

ARNOLD BROSER, P.C., INC.

Principal Place of Business

Mailing Address

~~610 HOPHEIMER GARTLIG & CROSS~~  
~~633 3RD AVE.~~  
NEW YORK NY 33162

~~610 HOPHEIMER GARTLIG & CROSS~~  
~~633 3RD AVE.~~  
NEW YORK NY 33162



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5371 FISHER ISLAND DRIVE

1700 BROADWAY, SUITE 1403

City & State

City & State

FISHER ISLAND, FL

NEW YORK, NY

Zip

Country

Zip

Country

33109

U.S.

10019

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1991

5. FEI Number

13-2914496

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BROSER, ARNOLD	<del>2443 FISHER ISLAND DR.</del> 5371 FISHER ISLAND DR.	FISHER ISLAND FL 33109
D	BROSER, SHEILA	<del>2443 FISHER ISLAND DR.</del> 5371 FISHER ISLAND DR.	FISHER ISLAND FL 33109
D	BROSER, LORI E.	<del>2443 FISHER ISLAND DR.</del> 5371 FISHER ISLAND DR.	FISHER ISLAND FL 33109

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROSER, SUSAN  
6404 MACLAURIN DRIVE  
TAMPA FL 33647

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:

ARNOLD BROSER, DIRECTOR

10/29/97

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)