

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V01556

1. Corporation Name

WILLIAM G. BURD, ESQ., P.A.

Principal Place of Business

Mailing Address

~~601 BRICKELL KEY DRIVE~~

~~SUITE 500~~

MIAMI FL 33131

~~601 BRICKELL KEY DRIVE~~

~~SUITE 500~~

MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

~~600 BILTMORE WAY~~

~~Suite, Apt. #, etc.~~

~~# 206~~

~~CORAL GABLES FL~~

~~Zip~~

~~33134~~

~~Country~~

~~DADU~~

3. New Mailing Office Address, If Applicable

~~600 BILTMORE WAY~~

~~Suite, Apt. #, etc.~~

~~# 206~~

~~CORAL GABLES FL~~

~~Zip~~

~~33134~~

~~Country~~

~~DADU~~

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1991

5. FEI Number

65-0302827

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)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
PD		BURD, WILLIAM G		601 BRICKELL KEY DR.		MIAMI FL 33131	
						300005183073--2	
						-04/02/02-01041-020	
						****550.00 ****550.00	
						300005183073--2	
						-04/02/02-01041-021	
						****150.00 ****150.00	
						300005183073--2	
						-04/02/02-01041-022	
						****200.00 ****200.00	

8. Name and Address of Current Registered Agent

BURD, WILLIAM G

~~4421 FISHER ISLAND DR~~

FISHER ISLAND FL 33109

9. Name and Address of New Registered Agent

Name

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

~~600 BILTMORE WAY~~

~~Suite, Apt. #, Etc.~~

~~# 206~~

~~CORAL GABLES~~

State

Zip Code

FL 33134

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

*William G. Burd*

REGISTERED AGENT MUST SIGN

Date

2/27/02

11. 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:

*William G. Burd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/02 305-595-9377

FILED

02 MAR -4 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0102 *AGM*

CR2EQ40 (8/01)