

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 30 AM 10:12

DOCUMENT # V01556

1. Corporation Name

William G. Burd, Esq., P.A.

2. Principal Office Address - No P.O. Box #

10719 S.W. 104 STREET

3. Mailing Office Address

10719 S.W. 104 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176-8162

Country

USA

Zip

33176-8162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/20/1991

5. FEI Number
650302827

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

WILLIAM G. BURD

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

10719 S.W. 104 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176-8162

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William G. Burd

REGISTERED AGENT MUST SIGN

Date 4/27/2009

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
PD	WILLIAM G. BURD	10719 S.W. 104 STREET	MIAMI, FL 33176-8162
TREAS	CHARLES L. GOMES	10719 S.W. 104 STREET	MIAMI, FL 33176-8162

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 contained in Chapter 119, 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:

Charles L. Gomes

CHARLES L. GOMES

4/27/2009

305-595-9377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #