

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND

03 OCT 24 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # VO1556

1. Corporation Name

WILLIAM G. BURD, ESQ., P.A.
1627 BRICKELL AVE., APT. 2005
MIAMI FL 33129

[Handwritten Signature]

000024074270
10/24/03--01016--019 **750.00

REINSTATEMENT 2003

2. Principal Office Address

1627 BRICKELL AVE.

Suite, Apt. #, etc.

2005

City & State

MIAMI, FL

Zip

33129

Country

USA

3. Mailing Office Address

1627-BRICKELL AVE.

Suite, Apt. #, etc.

2005

City & State

MIAMI, FL

Zip

33129

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/20/91

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. Name and Address of Current Registered Agent

Name

BURD, WILLIAM G.

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

1627 BRICKELL AVE

Suite, Apt. #, Etc.

2005

City

MIAMI

State

FL

Zip Code

33129

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

[Handwritten Signature: William G. Burd]

REGISTERED AGENT MUST SIGN

Date

10/20/03

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	BURD WILLIAM G.	1627 BRICKELL AVE., STE 2005	MIAMI, FL 33129

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 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

William G. Burd 10/20/03

Date

Daytime Phone #

305-285-1680

CR2E081 (10/02)