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
96 DEC -9 AM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V17668**

1 Corporation Name

JEFFREY D. WEINKLE, P.A.

REINSTATEMENT 96aw

Principal Place of Business	Mailing Address
1 NE SECOND ST. #200 MIAMI FL 33132 US	1 NE SECOND AVE. #200 MIAMI FL 33132 US

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 3320	100 SE 2nd St
Address: 2ND STREET	Suite, Apt. #, etc. Suite 3320
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country:	Zip: 33131 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 03/02/1992

5. FEI Number: 65-0390447 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PSV	WEINKLE, JEFFREY D.	~~1 NE SECOND AVE, #200~~ 100 SE 2nd St. #3320	MIAMI FL 33131
D	WEINKLE, JEFFREY D.	~~1 NE SECOND AVE~~ 100 SE 2nd St. #3320	MIAMI FL 33131

100002024561--8
~~12/10/96--01072--009~~
****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WEINKLE, JEFFREY D. ~~1 NE SECOND AVE~~ ~~#200~~ ~~MIAMI FL 33132~~	Name: Same Street Address (P.O. Box Number is Not Acceptable): 100 SE 2ND ST #3320 Suite, Apt. #, Etc.: City: Miami, FL State: FL Zip Code: 33131

CR2E040 (7/96)

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: Jeffrey D. Weinkle
REGISTERED AGENT MUST SIGN

Date: 9-19-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Jeffrey D. Weinkle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/19/96 Daytime Phone #: 373-4445

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