

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1998 MAR 23 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V23784

1. Corporation Name

MICHAEL D. SONNENSCHN, P.A.

Principal Place of Business

Mailing Address

~~47 E ROBINSON ST, STE 201~~
ORLANDO FL 32801
US

~~47 E ROBINSON ST, STE 201~~
ORLANDO FL 32801
US

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

2. New Principal Office Address, If Applicable

105 E. ROBINSON ST, SUITE 311

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SUITE 311

City & State

ORLANDO FL

Zip **32801** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1992

5. FEI Number

59-3127884

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|--------------------------------|
| PSD | SONNENSCHN, MICHAEL D | 47 E ROBINSON ST, STE 201 105 E. ROBINSON ST, STE 311 | ORLANDO FL 32801 |
| | | | 800002467078--0 |
| | | | -03/24/98--01099--010 |
| | | | *****900.00 *****900.00 |
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| | | | |

REINSTATEMENT

3/13/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SONNENSCHN, MICHAEL D.

~~47 E ROBINSON ST~~
~~STE 201~~
ORLANDO FL 32801

Name

MICHAEL D. SONNENSCHN

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

105 E. ROBINSON ST.

Suite, Apt. #, Etc.

311

City

ORLANDO

State

FL

Zip Code

32801

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/13/98

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)(l), 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] **president**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/98
Date

407-425-4444
Daytime Phone #

CR25040 (8/97)