

# PROFESSIONAL QUESTIONNAIRE FOR FORMATION / REINSTATEMENT / DISSOLUTION OF COMPANIES (LLC & CORP - FLORIDA)

## 1. Applicant Personal Information

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Full address: \_\_\_\_\_

Are you a U.S. resident? Yes / No

Do you speak English? Yes / No

## 2. Type of Service Needed

LLC Formation

Corporation (Corp) Formation

Reinstatement

Dissolution / Closure

Information Update

## 3. Company Information (New or Existing)

If NEW:

Desired company name (3 options):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Business activity: \_\_\_\_\_

Will the company have employees? Yes / No

Will there be partners or just you?  Just me  With partners

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If partners, list: Full name, % ownership, address, phone, email

If EXISTING:

Legal name of the company: \_\_\_\_\_

Sunbiz Document Number: \_\_\_\_\_

Year created: \_\_\_\_\_

Reason for inactive status (if applicable): \_\_\_\_\_

Do you want to update any information before reinstatement? Yes / No

Do you want to permanently close the company? Yes / No

## 4. Registered Agent

Will you use your own information as registered agent? Yes / No

Registered agent full name: \_\_\_\_\_

Registered agent address: \_\_\_\_\_

Registered agent email: \_\_\_\_\_

## 5. EIN Information

Do you need an EIN (Employer Identification Number)?

Yes  No  Not sure

If YES, please provide:

Responsible party full name: \_\_\_\_\_

SSN or ITIN (if available): \_\_\_\_\_

Are you a U.S. citizen or resident? Yes / No

Responsible party address: \_\_\_\_\_

Will the company have employees in the next 12 months? Yes / No

Business activity: \_\_\_\_\_

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Effective date for EIN: \_\_\_\_\_

**6. Additional Information**

Do you want to open a business bank account after registration? Yes / No

Do you need help with additional licenses? Yes / No

Do you need document translation? Yes / No

Do you want to receive documents: Digital / Physical / Both

**7. Signature and Confirmation**

I confirm that all the information provided is accurate.

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_