

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 FEB 25 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F60858**

**1. Corporation Name**

James J. Altman, P.A.

**2. Principal Office Address**

5628 Main Street

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

United States

**3. Mailing Office Address**

5628 Main Street

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

United States

**REINSTATEMENT** 95-04

**4. Date Incorporated or Qualified**

To Do Business in Florida January 1, 1982

**5. FEI Number**

59-2152543

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

James J. Altman

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

5628 Main Street

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34652

900029302629

02/24/04--01031--042 \*\*2100.00

**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

*James J. Altman*

REGISTERED AGENT MUST SIGN

Date

2/18/04

**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
D	James J. Altman	5628 Main Street	New Port Richey, FL 34652
P/D/T	Thomas P. Altman	5628 Main Street	New Port Richey, FL 34652
V/S/D	Robert N. Altman	5628 Main Street	New Port Richey, FL 34652

**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:

*Thomas P. Altman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/04 (727)848-8435

Daytime Phone #

CR2E081 (01/04)