PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ORIDA DEPARTMENT <u>OE</u> ST<u>a</u>te **APPLICATION FOR** FILED F89587 DOCUMENT # 00 OCT 24 AM 11: 40 1. Corporation Name SECRETARY OF STATE TALLAHASSEE FLORIDA JAMES P. CIMA, D.C., P.A. Principal Place of Business Mailing Address 3300 P.G.A BLVD 3300 P.G.A BLVD PALM BCH GDN FL 33410 PALM BCH GON FL 33410 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 Date Incorporated or Qualified
 To Do Business in Florida 07/07/1982 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 7034 Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Country Zip Country Zip CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each and/or Directors Officer and/or Director City / State / Zip Title(s) PALM BCH GDN FL 33410 PD CIMA. JAMES P 3300 P.G.A BLVD 100003459121---11/09/00--01088--001 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CIMA, JAMES P., DR. Street Address (P.O. Box Number is Not Acceptable) 3300 PGA BLVD Suite, Apt. #, Etc. PALM BEACH GARDENS FL 33410-9811 State Zip Code 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 REGISTERED AGENT MUST SIGN 11. 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 filling 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.

DR. JAMES P. CIMA 10/16/00

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HIXSON, MARIN, POWELL & De SANCTIS, P.A. CERTIFIED PUBLIC ACCOUNTANTS DAVID L. HIXSON, C.P.A. • RAYMOND F. MARIN, C.P.A. • DONALD F. POWELL, C.P.A. • PETER V. De SANCTIS, C.P.A.

16100 N. E. 16th AVENUE, SUITE B NORTH MIAMI BEACH, FL 33162 DADE: (305) 944-7001 BROWARD: (954) 920-1311 FAX: (305) 944-6637 3300 PGA BOULEVARD GARDENS PLAZA, SUITE 810 PALM BEACH GARDENS, FL 33410 TEL: (561) 624-5700 FAX: (561) 624-5702

RESPOND TO:

RESPOND TO: (X)

October 19, 2000

Division of Corporations
Annual Business Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE:

James P. Cima, D.C., P.A.

EIN: 59-2207034 Form: 2000 UBR

Dear Tax Collector,

Enclosed please find the 2000 Form UBR reinstatement form for James P. Cima, D.C. P.A. and a check in the amount of \$150. Please be advised that the taxpayer did not receive the original 2000 Form UBR and did not realize that they had not filed the report.

We respectfully request that the reinstatement fee be abated due to the fact that the taxpayer did not intentionally not file the report. The taxpayer has always filed their reports in a timely manner and will continue to do so in the future.

Also, the taxpayer has noticed that the employer identification number has been recorded incorrectly on the form as 59-2200183. <u>The correct employer identification number is 59-2207034</u>.

Thank you for your kind attention to this matter. If you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,

HIXSON, MARIN, POWELL & De SANCTIS, P.A.

Peter V. De Sanctis

PVD/slb

Enc.

cc: Dr. James P. Cima