

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**94-98A2**  
 REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 AND  
 FILED  
 98 DEC 31 PM 4:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 493560

1. Corporation Name MYRON B. BERMAN, P.A.

Principal Place of Business Mailing Address

21100 N.E. 22 COURT  
 MIAMI, FL. 33180

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 P.O. BOX 60-1113-NO. H. Bch, FL 33180		4. Date Incorporated or Qualified To Do Business in Florida 12/31/75	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1729553	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MYRON B. BERMAN	21100 NE 22 CT MIAMI, FL 33180	MIAMI, FL 33180

8000002731268-7  
 -01/06/99--01005--007  
 \*\*\*\*\*915.00 \*\*\*\*\*915.00

12/31

8. Name and Address of Current Registered Agent

MYRON B. BERMAN, ESQ.  
 21100 NE 22 CT  
 MIAMI, FL. 33180

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 X Myron B. B.  
 REGISTERED AGENT MUST SIGN

Date 12/27/98

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)(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: X Myron B. B.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/98 (305) 466-0177  
 Date Daytime Phone #

CR20649 (1/88)

LAW OFFICES OF  
**MYRON B. BERMAN, Esq.**  
ATTORNEY-MEDIATOR

420 LINCOLN ROAD  
SUITE 258  
MIAMI BEACH, FLORIDA 33139

**MAILING ADDRESS:**  
P.O. BOX 60-1113  
NORTH MIAMI BEACH, FLORIDA 33160-1113  
TEL: (305) 466-0177  
FAX: (305) 936-1750

DECEMBER 27, 1998

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE, FL 32314

RE: MYRON B. BERMAN, P.A.  
21100 NE 22 COURT  
MIAMI, FL 33180

ATTENTION: MR. TYRONE SCOTT

DEAR MR. SCOTT:

ENCLOSED PLEASE FIND APPLICATION FOR REINSTATEMENT. AS ADVISED DURING OUR TELEPHONE CONVERSATION WE DID NOT RECEIVE THE 1994 ANNUAL REPORT FORM. DUE TO THIS FACT WE HEREBY REQUEST THAT YOU KINDLY WAIVE THE LATE FEES.

I AM ENCLOSING MY CHECK \$915.00 WHICH COVERS THE ANNUAL FEES DUE FROM 1994-1998.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

VERY TRULY YOURS,

MYRON B. BERMAN

X *Myron B. Berman*