

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 11:54

DOCUMENT # 507488

1. Corporation Name

MARVIN E. WERLINSKY, D.O. P.A.

Principal Place of Business

1146 E. BLUE HERON BLVD.
RIVIERA BCH FL 33404

Mailing Address

1146 E. BLUE HERON BLVD.
RIVIERA BCH FL 33404



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-1856079

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | WERLINSKY, MARVIN E. | 1146 E BLUE HERON BLVD. | RIVIERA BEACH FL |
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700004653927--9

-10/25/01--01081--003

****150.00 ****150.00

10/12/01

8. Name and Address of Current Registered Agent

WERLINSKY, MARVIN E.
1146 EAST BLUE HERON BLVD.
RIVIERA BCH FL 33404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

(Signature)

Date

10/12/01

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 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:

(Signature)
WERLINSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01 (561) 845-8000

CR2E040 (8/01)

DIPLOMATE OF THE AMERICAN OSTEOPATHIC BOARD OF GENERAL PRACTICE
SENIOR MEDICAL EXAMINER FOR THE FAA

MARVIN E. WERLINSKY, D.O., P.A.

SINGER ISLAND MEDICAL CLINIC
1146 EAST BLUE HERON BLVD.
SINGER ISLAND, FLORIDA 33404
PHONE: (407) 845-8000

DREXEL PLAZA
6076 OKEECHOBEE BLVD.
WEST PALM BEACH, FLORIDA 33417
PHONE: (407) 683-0200

Re: Document # 507488

October 12, 2001

Please be advised that this notice of
administrative Dissolution was the last
letter that we received from you.
as per my phone call to your office I am
enclosing my check for \$150.00.
Thank you for your cooperation.

