

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 519350

1. Corporation Name

Bernard W. Segall, D.M.D., P.A.

W09-10559

2. Principal Office Address - No P.O. Box #

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Ste. 760

City & State

Miami, FL

Zip

33133

Country

Dade

3. Mailing Office Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Ste 760

City & State

Miami, FL

Zip

33133

Country

Dade

REINSTATEMENT 93-09

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11-22-1976

5. FEI Number

59-1709087

☐ 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

Segall, Bernard W.

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

2601 S. Bayshore Drive

Suite, Apt. #, Etc.

Ste. 760

City

Miami, FL

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

000148801730
04/06/09--01025--002 **2250.00
Date

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
PD	Segall, Bernard W.	2601 S. Bayshore Drive	Miami, FL 33133
REINSTATEMENT			000148801730 04/06/09--01025--003 **300.00
	RH		

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/09

Date

Daytime Phone #

RACHLIN, SAUNDERS & ASSOCIATES
Accounting & Tax Services

11120 N. Kendall Dr., Suite 201
Miami, FL 33176
Phone (305) 270-2040
Fax (305) 595-8695
Email: rachlinsaunders@bellsouth.net

February 6, 2009

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:


We are the accountants for *Bernard W. Segall, D.M.D., P.A.* and are writing to you on their behalf.

Please accept this letter, along with the Corporate Reinstatement application as formal notice of change of address for *Bernard W. Segall, D.M.D., P.A.* The address filed with the state had been incorrect since 1993, and subsequently they have not received notices requesting they file annual reports through 2008. The correct address as shown on the application of Corporate Reinstatement is as follows:

2601 S. Bayshore Drive, Ste # 760
Miami, FL 33133

We have enclosed a check for the fee, please waive all penalties associated with this miscommunication.

Regards,


Geno Saunders
Rachlin, Saunders & Associates