

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **541078**

1. Corporation Name

ARNOLD HANTMAN, P.A.

Principal Place of Business

11190 BISCAYNE BLVD
11190 BISCAYNE RD., SUITE 101
MIAMI FL 33181
US

Mailing Address

11190 BISCAYNE BLVD
MIAMI FL 33181
US

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

07/06/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-1750817**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
AS	MUDD, JOHN	8701 S.W. 137 AVE, STE 300	MIAMI FL
S	HANTMAN, PERLA	18181 W. TROON CIR.	MIAMI LKS FL
PD	HANTMAN, ARNOLD	11190 BISCAYNE BLVD	MIAMI FL

400802530464-9
-05/20/98--01093--019
****300.00 ****900.00

8. Name and Address of Current Registered Agent

HANTMAN, ARNOLD
11190 BISCAYNE BLVD
MIAMI FL 33181

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

REGISTERED AGENT MUST SIGN

Date **5-13-98**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD HANTMAN
11190 Biscayne Blvd.
Miami FL 33181

Date

Daytime Phone #

5/13/98 (305) 895-0304

REINSTATEMENT

FILED

98 MAY 15 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97-98
ad

CR2E040 (8/97)