

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 31 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 590114

1. Corporation Name

ARNOLD M. SHEIR, D.O.S., P.A.

2. Principal Office Address

17971 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 101

City & State

NORTH MIAMI BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

17971 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 101

City & State

NORTH MIAMI BEACH, FL

Zip

33160

Country

USA

REINSTATEMENT 02-05

4. Date incorporated or Qualified
To Do Business in Florida

10/1/1978

5. FEI Number

59-1849907

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

SHEIR, ARNOLD

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

17971 BISCAYNE BLVD., SUITE 101

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

600059063166

08/30/05--01002--005 **1200.00

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

Arnold M. Sheir
REGISTERED AGENT MUST SIGN

Date 8-17-05

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
DP	SHEIR, ARNOLD	2231 N.E. 202 ST.	33160 NORTH MIAMI BEACH, FL

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 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:

Arnold M. Sheir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-05 305-931-5252

Date

Daytime Phone #

CR2E081 (01/05)