

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB 27 AM 10:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 600080

1. Corporation Name

DRS. SEGALL, HERZBERG AND RETTER PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

4302 ALTON ROAD, SUITE 750
MIAMI BEACH FL 33140

4302 ALTON ROAD, SUITE 750
MIAMI BEACH FL 33140

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

12/01/1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0941578

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SEGALL, PETER	4302 ALTON RD, STE 750	MIAMI BCH FL
V	HERZBERG, BERNARD	4302 ALTON ROAD, SUITE 750	MIAMI BCH FL
ST	RETTER, ITZHAK	4302 ALTON RD, STE 750	MIAMI BCH FL

900002101699--4
03/03/97 01005-008
***\$915.00 ***\$915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEGALL, PETER H., M.D.
4302 ALTON ROAD, SUITE 750
MIAMI BEACH FL 33140

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

Peter Segall
REGISTERED AGENT MUST SIGN

Date

1.27.97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 807.0401 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 118.07(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:

Peter H. Segall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/97

Daytime Phone #

305-538-8504

CR2E040 (7/96)