

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 5 PM 12:05

DOCUMENT #

602401

1. Corporation Name

DR. ALLEN M. WEINSTEIN, P.A.

2. Principal Office Address

927 SO, FLORIDA AV.

Suite, Apt. #, etc.

City & State

LAKE LAND, FL.

Zip

33803-1149

Country

U.S.A.

3. Mailing Office Address

927 SO, FLORIDA AV.

Suite, Apt. #, etc.

City & State

LAKE LAND, FL.

Zip

33803-1149

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1974

5. FEI Number

591301923

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

DR. ALLEN M. WEINSTEIN

100003856761

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

927 SO, FLORIDA AV.

03/16/01-01105-026

***1058.75 ***1058.75

Suite, Apt. #, Etc.

City

LAKE LAND

State
FL

Zip Code

33803-1149

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

Dr. Allen M. Weinstein

Date 02/28/2001

REGISTERED AGENT MUST SIGN

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
Pres.	DR. ALLEN M. WEINSTEIN	927 SO, FLORIDA AV.	LAKE LAND, FL., 33803-1149
Secy.	DR. ALLEN M. WEINSTEIN	927 SO, FLORIDA AV.	LAKE LAND, FL., 33803-1149
Treas.	DR. ALLEN M. WEINSTEIN	927 SO, FLORIDA AV.	LAKE LAND, FL., 33803-1149
			AD

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:

Dr. Allen M. Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. ALLEN M. WEINSTEIN

02/28/2001

Date

863-686-1081

Daytime Phone #

CR2E081 (9/00)