

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 3:51

DOCUMENT # 637818

1. Corporation Name

JOSEPH AND JOSEPH, D.C., P.A.

Principal Place of Business

Mailing Address

1776 N. PINE ISLAND RD.  
PLANTATION FL 33322

1776 N. PINE ISLAND RD.  
PLANTATION FL 33322



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

09/28/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1946519

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	4 City / State / Zip
PD	JOSEPH, SETH A, DR.	1776 N. PINE ISLAND RD.	PLANTATION FL

900003455119--3

-11/07/00--01067--006

\*\*\*\*150.00 \*\*\*\*150.00

10/10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSEPH, SETH A, DR.  
1776 N. PINE ISLAND RD.  
PLANTATION FL 33322

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

SIGNATURE REQUIRED

Date

10/10/2000

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/2000

CR2E040 (8/00)

UNIVERSITY CENTER / DR. SETH JOSEPH

dept of state

10/17/00

11248

150.00

DEAR SIRS -

PLEASE NOTE THAT I  
NEVER RECEIVED NOTICE OF ORIGINAL  
FEE FOR RENEWAL.

I HAVE ALWAYS PAID IT

Cash

150.00

UNIVERSITY CENTER / DR. SETH JOSEPH

dept of state

10/17/00

11248

150.00

THANK YOU FOR YOUR

COOPERATION

PAYMENT  
RECORD

Cash

150.00