

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 25 PM 1:04

KS

DOCUMENT # 693461

1. Corporation Name

JOSEPH TEICHMAN, P.A.

2. Principal Office Address - No P.O. Box #

1912 So. Ocean Dr.

Suite, Apt. #, etc.

#2A

City & State

HALLANDALE, FL.

Zip

33008

Country

3. Mailing Office Address

1912 So. Ocean Dr.

Suite, Apt. #, etc.

#2A

City & State

HALLANDALE, FL

Zip

33008

Country

REINSTATEMENT 05-10

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1981

5. FEI Number

592109495

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

JOSEPH TEICHMAN

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

1912 So. Ocean Dr.

Suite, Apt. #, Etc.

#2A

City

HALLANDALE

State

FL

Zip Code

33008

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joseph Teichman

REGISTERED AGENT MUST SIGN

Date

05/17/2010

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
<u>P.S.T.</u>	<u>JOSEPH TEICHMAN</u>	<u>1912 So. Ocean Dr. #2A</u>	<u>HALLANDALE, FLA. 33008</u>

10. E-mail Address: JTeichman@AOL.com

(To be used for future annual report notification)

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. I further certify, 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: ☒

Joseph Teichman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #