

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000005035

1. Corporation Name

DR. JERROLD B. GOLDSTEIN, P.C.

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~200 GLADES ROAD~~
~~SUITE 1~~
~~BOCA RATON FL 33482~~

~~200 GLADES ROAD~~
~~SUITE 1~~
~~BOCA RATON FL 33482~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2500 N. MILITARY TRAIL~~ 3. 475 MORRIS AVENUE

Suite, Apt. No.

~~130~~

City & State

~~BOCA RATON, FL.~~

Zip

~~33431~~

Country

~~U.S.A.~~

Springfield, NJ

07081-1005

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1999

FEI Number

22-3375486

Applied For

Not Applicable

5. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	GOLDSTEIN, JERROLD B DR.	475 MORRIS AVENUE	SPRINGFIELD NJ 07081
			000004698420--9 -11/29/01--01052--007 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

GOLDSTEIN, JERROLD DR.
~~200 GLADES ROAD, SUITE 1~~
~~BOCA RATON FL 33482~~

9. Name and Address of New Registered Agent

Name

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

~~2500 N. MILITARY TRAIL~~

Suite, Apt. No.

~~130~~

City

~~BOCA RATON~~

State

~~FL~~

Zip Code

~~33431~~

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

REGISTERED AGENT MUST SIGN

Date 10/30/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerrold Goldstein 10/30/01 908-276-1037

President

Date

Daytime Phone #