

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 24 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G19885

1. Corporation Name

RICHARD J. BRIETSTEIN, D.P.M., P.A.

Principal Place of Business

7421 N. UNIVERSITY DRIVE
SUITE 306
TAMARAC FL 33321

Mailing Address

7421 N. UNIVERSITY DRIVE
SUITE 306
TAMARAC FL 33321

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1983

5. FEI Number

59-2396735

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	BRIETSTEIN, RICHARD J.	8333 W. MCNAB ROAD #131 7421 N. UNIVERSITY DRIVE SUITE 306	TAMARAC FL

000008575400
10/24/02--01095--013 **158.75

10/28

8. Name and Address of Current Registered Agent

BRIETSTEIN, RICHARD J.
7421 N. UNIVERSITY DRIVE
SUITE 306
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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 #

10/21/02 954 722-8080

CR2E040 (8/02)



Joseph G. Mott, Jr., P.A.
CERTIFIED PUBLIC ACCOUNTANT

October 15, 2002

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, FL 32399

RE: Richard J. Brietstein, D.P.M., P.A.
Reinstatement of Corporation
Document # G19885

To Whom It May Concern:

With regard to the application for reinstatement for Richard J. Brietstein, D.P.M., P.A., please consider the following:

The failure of our client to file the corporate annual report was inadvertent and not intentional, as the initial notice was never received. We respectfully request the state accept the original filing amount of \$150.

Thank you for your attention to this matter.

Sincerely,

Joseph G. Mott, Jr.
Certified Public Accountant