

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 10 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MARC H. NOVELL, D.P.M., P.A.

900022894619
09/09/03--01109--008 **\$600.00

2. Principal Office Address

9692 PINES BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

9692 PINES BLVD

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-13-1984

5. FEI Number

59-2416784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

MARC NOVELL

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

9692 PINES BOULEVARD

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State
FL

Zip Code

33024

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

Marc Novell

REGISTERED AGENT MUST SIGN

Date

9-4-2003

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	MARC NOVELL	9692 PINES BOULEVARD	PEMBROKE PINES FL 33024

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-4-03

Daytime Phone #

954
432-6660

CR2E081 (10/02)

2022

DR. MARC H. NOVELL, P.A.
PODIATRIC MEDICINE AND FOOT SURGERY
9692 PINES BOULEVARD
PEMBROKE PINES, FL 33024
TEL (954) 432-6660 FAX (954) 435-8809

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

September 4, 2003

Dear Sir or Madam:

I just spoke to Tina at your office who was very pleasant and informative. I explained my situation to her and I will reiterate to you what we discussed in this letter.

Four years ago I was forced to move from my office at 78 North University Drive as the landlord was razing the building. Apparently much of my mail was not forwarded as it should have been. This played havoc with many of my insurance companies, etc. It seems that your notices for corporate payments went awry as well.

It wasn't until yesterday when I wanted to change banks and the bank manager found out that my corporation was inactive that I found out something was wrong. In the meantime I had paid taxes and functioned as if the corporation was intact.

Tina advised me that if I sent in \$600 and this application that in six or seven working days my corporation would be reinstated. Enclosed find the application and a check. I thank you so very much for your understanding and your help.

Sincerely,



Marc H. Novell, D.P.M.

Enc App Check