

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H18119

1. Entity Name
REVA S. WISEMAN, PHD PA



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 18 AM 9:21

Principal Place of Business

6601 SW 80 STREET
#202
MIAMI, FL 33143

Mailing Address

6601 SW 80 STREET
#202
MIAMI, FL 33143

REINSTATEMENT 06



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

12052006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

~~80-201703~~ 59-2585093 Applied For Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WISEMAN, REVA S PHD
508 CALIGULA AVE
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/12/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DT
NAME WISEMAN, REVA S
STREET ADDRESS 508 CALIGULA
CITY- ST- ZIP CORAL GABLES, FL ☐ Delete

TITLE DP
NAME WISEMAN, H A
STREET ADDRESS 508 CALIGULA
CITY- ST- ZIP CORAL GABLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
300082618413
12/12/06--01051--020 **158.75

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REVA S. WISEMAN
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

12/12/06 305-665-8633
305-662-1289