

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K39677

1. Corporation Name

RICHARD LEVIN, D.P.M., P.A.

FILED

97 DEC 12 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
2601 SOUTH MILITARY TRAIL  
SUITE 36  
WEST PALM BEACH FL 33415

Mailing Address  
2601 SOUTH MILITARY TRAIL  
SUITE 36  
WEST PALM BEACH FL 33415



REINSTATE 9720

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/19/1988	
City & State		City & State		5. FEI Number 65-0087049	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	LEVIN, RICHARD	2601 SO. MILITARY TRIAL	WEST PALM BEACH FL

200002373972--3  
-12/16/97--01108--004  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MILCHMAN, HOWARD J. 7771 W OAKLAND PARK BLVD SUITE 122 SUNRISE FL 33351		Name: Howard J. Milchman Street Address (P.O. Box Number is Not Acceptable): 9600 W. SAMPLE ROAD Suite, Apt. #, Etc.: SUITE 205 City: CORAL SPRINGS State: FL Zip Code: 33065	

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: *[Signature]* Date: 12/1/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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]* Date: 11/15/97 (66) 641-7884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #