

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary  
DIVISION OF CORPORATIONS

FILED

99 DEC -6 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M02428

1. Corporation Name

HERBERT H. APPLEBAUM, M.D., P.A.

Principal Place of Business

Mailing Address

C/O HERBERT H. APPLEBAUM, M.D.  
12900 N.E. 17TH AVENUE, SUITE 200  
NORTH MIAMI FL 33181-2047

C/O HERBERT H. APPLEBAUM, M.D.  
12900 N.E. 17TH AVENUE, SUITE 200  
NORTH MIAMI FL 33181-2047

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

2. New Principal Office Address, If Applicable

1361 97 St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1361 97 St

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL

Zip

33154

Country

Miami-Dade

City & State

Bay Harbor Islands, FL

Zip

33154

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/1984

5. FEI Number

59-2408973

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	APPLEBAUM, HERBERT H. MD	12900 N.E. 17TH AVENUE 1361 97 St	Bay Harbor Islands, FL

100003070581-7  
-12/15/99-01019-017  
\*\*\*\*150.00-2850.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

APPLEBAUM, HERBERT H., M.D.  
12900 N.E. 17TH AVENUE  
SUITE 200  
NORTH MIAMI FL

Name  
Applebaum, Herbert H., M.D.

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

1361 97 St

Suite, Apt. #, Etc.

City  
Bay Harbor Islands

State  
FL

Zip Code  
33154

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]*

REGISTERED AGENT MUST SIGN

Date 11-30-99

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]* Herbert H. Applebaum, M.D. 11-30-99 305-868-7188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Herbert H. Applebaum, M.D.P.A.**

1361 97 St.  
Bay Harbor Islands, FL 33154

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Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir:

Please be advised that I sent my registration for the corporation when I received the first notification. You obviously did not receive it.

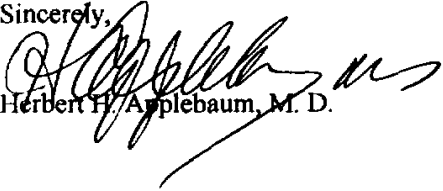
Please note that I have never had this problem in the 15 years that the corporation existed. Your files will attest to it.

Please accept this registration and my filling fee.

Please note also the change in address.

Thank you.

Sincerely,

  
Herbert H. Applebaum, M. D.