

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64689

1. Corporation Name

CHARLTON L. ADLER D.P.M., P.A.

Principal Place of Business

17395 NORTH BAY ROAD
SUITE 200A
NORTH MIAMI BEACH FL 33160
US

Mailing Address

17395 NORTH BAY ROAD
SUITE 200A
NORTH MIAMI BEACH FL 33160
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1988

5. FEI Number

65-0061654

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 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	ADLER, CHARLTON L.	17395 NO. BAY RD., #200A	NO. MIAMI BEACH FL

200002702362-- 9

-12/03/98-01038--008

****750.00 ****750.00

11/24/98

8. Name and Address of Current Registered Agent

ADLER, CHARLTON L, DPM.
17395 NORTH BAY ROAD
SUITE 200A
NORTH MIAMI BEACH FL

9. Name and Address of New Registered Agent

Name: DR CHARLTON L. ADLER
Street Address (P.O. Box Number is Not Acceptable)
17395 NO Bay Rd 200A
Suite, Apt. #, Etc.
N.M.B.-71

City

State Zip Code

FL 33160

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

REQUIRED

Date 11-24-98

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-98

Date

305-935-3997
Daytime Phone #

CR2540 (9/98)