

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000070868

1. Corporation Name

ALAN SHERMAN, D.P.M., P.A.

Principal Place of Business

5210 LINTON BLVD SUITE 305
DELRAY BEACH FL 33484

Mailing Address

5210 LINTON BLVD SUITE 305
DELRAY BEACH FL 33484

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2000

5. FEI Number

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SHERMAN, ALAN	5210 LINTON BLVD SUITE 305	DELRAY BEACH FL 33484

000004687630--5
-11/13/01--01066--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

SHERMAN, ALAN DPM
5210 LINTON BLVD SUITE 305
DELRAY BEACH FL 33484

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10/14/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/01 3614989888

CR2E040 (8/01)

PODIATRY ONLINE

2012

Alan Sherman, D.P.M.

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October 14, 2001

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

To Whom It May Concern:

I have received, this week, 3 "Notice of Administrative Dissolution or Revocation" notices concerning the 3 Florida registered corporations that I own. In all 3 cases, I **didn't receive any prior notice** that the 2001 corporation annual report/uniform business reports were due. The addresses that I have registered for the corporations are all correct and I don't understand why I didn't receive any notices until receiving the Dissolution notices this week.

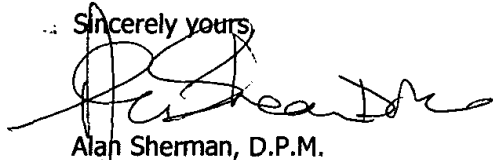
I spoke with the Division of Corporations on Friday and they told me to send in the Application for Reinstatement form with this **letter of explanation**, with a reduced **fee of \$150 for each corporation**, to get the corporations reinstated.

The 3 corporations are:

Podiatry Online, Inc.
Alan Sherman, D.P.M., P.A.
Medical Internet Communities, LLC

Thank you for your help in taking care of this matter. Please send me confirmation that the 3 corporations have been reinstated.

Sincerely yours,



Alan Sherman, D.P.M.