

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 APR -8 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116239

1. Corporation Name

ARLENE MANDELBAUM, P.A.

2. Principal Office Address

3370 Hidden Bay Drive

Suite, Apt. #, etc.

Suit 407

City & State

Aventura, Fl

Zip

33180

Country

USA

3. Mailing Office Address

3370 Hidden Bay Drive

Suite, Apt. #, etc.

Suite 407

City & State

Aventura, Fl

Zip

33180

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/20/2000

5. FEI Number

65-1064231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFFREY M. PERLOW

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

C/O FROMBERG, PERLOW & KORNIK, P.A., 20801 BISCAYNE BLVD.

Suite, Apt. #, Etc.

SUITE 505

City

AVENTURA

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **MARCH 19, 2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	ARLENE MANDELBAUM	3370 Hidden Bay Drive, #407	AVENTURA, FLORIDA 33180

10. 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] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 19, 2002 305-937-0555

Date

Daytime Phone #

CR2E081 (9/01)

April 1, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Arlene Mandelbaum, P.A.
Doc. # P00000116239
FEI Number 65-1064231

To Whom It May Concern:

Enclosed please find my application for Corporation reinstatement plus a check in the amount of \$300.00, for years 2001 and 2002.

Although I never received renewal notification, it escaped my attention until just recently, due to my ill health. Over the past two years, I have had an exacerbation of my multiple sclerosis, which has caused me to be debilitated, requiring medication and hospitalization in this period. I also had to undergo a hip replacement, again requiring heavy medication and hospitalization just a couple of months ago.

The enclosed application, dated March 19, 2002, was further delayed due to the illness of my father last month and ultimately his death last week. The application contains my new address; however, you will find me in your records at 2780 N.E. 183rd Street, #2004, Aventura, FL 33160.

Very truly yours,

A handwritten signature in cursive script that reads "Arlene Mandelbaum". The signature is written in dark ink and is positioned above the printed name.

Arlene Mandelbaum