

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015422

1. Corporation Name

JON S. NEWMAN, P.H.D., P.A.

Principal Place of Business

4048 EVANS AVE., SUITE 304
FT. MYERS FL 33901

Mailing Address

4048 EVANS AVE., SUITE 304
FT. MYERS FL 33901



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

702 W. PALM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PUNTA GORDA, FL

Zip

Country

Zip

Country

33950

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/2001

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NEWMAN, JON S	4048 EVANS AVE., SUITE 304	FT. MYERS FL 33901

200009209082
11/25/02--01086--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOTITZKY, HAL F
223 TAYLOR ST.
PUNTA GORDA FL 33950

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Hal F. Wotitzky
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/20/02

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:

Jon S. Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Newman 11/4/02 (239) 939-7777

Daytime Phone #

CR2E040 (8/02)

Jon S. Newman, Ph D, P.A.
702 West Palm Avenue
Punta Gorda, FL 33950

November 18, 2002

Florida Department of State: Division of Corporations

Dear Sir or Madam:

This letter is to inform you that I did not receive the reinstatement application form until November, 2002. It is my intention to maintain an active status for my corporation and have enclosed a check to cover the reinstatement fee. I would also appreciate you changing my mailing address to the one listed in section three, in order that I receive all important documents from your office.

Thank you for your cooperation on this important matter.

Sincerely,

Jon S. Newman, Ph D, P.A.
Psychologist

