

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000081715

1. Corporation Name

Robin L. Behar, LMTA, INC

REINSTATEMENT 03-04

900029203219

02/23/04--01031--013 **300.00

2. Principal Office Address

2500 E. Hallandale Beach Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite # 707G

Suite, Apt. #, etc.

City & State

Hallandale, Florida

City & State

Zip 33009

Country

33160

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1132094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robin L. Behar

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

2500 E. Hallandale Beach Blvd

Suite, Apt. #, Etc.

707G

City

Hallandale

State

FL

Zip Code

33009

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

Robin L. Behar

REGISTERED AGENT MUST SIGN

Date

1-24-03

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
D	Robin L. Behar, LMTA, INC	2500 E. Hallandale Beach Blvd Suite 707G	Hallandale Fla 33009

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

Robin L. Behar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-04

Daytime Phone #

(954)
455-9941

CR2E081 (10/02)

Date: March 02, 2004

Re: Ref. # P01000081715

In reference to this enclosed letter I was informed that since I did not receive the information to file my uniform report in 2003 it would cost \$300.00 to be reinstated, not \$900.00. I do not understand why the increase. I am the sole person in my office and made the correction to include my title. I would appreciate it if someone could call me and explain the situation. My number is 954-455-9941 or email is
Your assistance is greatly appreciated.

Sincerely,

Robin L. Behar, LMHC

March 5, 2004

I just was instructed by your office to make corrections on form + enclose the original letter stating that I never received the Uniform Report Form last year. All is included. Thank-you for accepting the \$300.00 for reinstatement
Robin Behar

Date: Febuary 5, 2004

Dear Sirs;

I am writing this letter to you because I never received the Uniform Report document last year. Per my telephone discussion with you I am enclosing the \$300.00 needed to be reinstated along with the form that you have sent me. I thank-you in advance for you assistance.

If needed I can be contacted at 954-455-9941 or email at RLB240 @aol.com.

Sincerely yours,

Robin Behar, LMHC