

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000101213

1. Corporation Name

A.BEL AUDIOLOGY ASSOCIATES & MUSICIAN'S HEARING
CENTER, INC.

Principal Place of Business

Mailing Address

11275 ROUNDELAY RD
COOPER CITY FL 33026

11275 ROUNDELAY RD
COOPER CITY FL 33026

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

09/18/2002

5. FEI Number

04-371-3990

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	4 City / State / Zip
D	LIEBESKIND, PAULA	11275 ROUNDELAY RD	COOPER CITY FL 33026

100024053701
10/23/03-01073-010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOOMAR, L. GREGORY ESQ
1152 N. UNIV. DR
PEMBROKE PINES FL 33024

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

Signature
REGISTERED AGENT MUST SIGN

Date

10/12/03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/03

Paula Liebeskind
A.Bel Audiology Associates & Musician's Hearing Center
11275 Roundelay Road
Cooper City, Florida 33026
954-432-2325

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

October 12, 2003

Re: Document #P02000101213

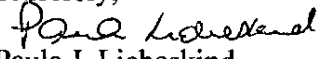
To Whom It May Concern;

Please reinstate my corporation to "active" status. The reason I did not file earlier is that I did not receive the previous two UBR notices.

I am enclosing the \$150.00 fee to file my report.

Thank you.

Sincerely;


Paula J. Liebeskind
President