2005 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P03000116822

1. Entity Name
SHERIDAN LYNN KOPLOW, ED.D, P.A.

FILED

05 MAR 17 PM 5: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1011 FOREST HILL BLVD SUITE 369 WEST PALM BEACH, FL 33414	1011 FOREST HILL BLVD SUITE 369 WEST PALM BEACH, FL 33414

REINSTATEMENT CR2E098 (6/04) 04-05

2. Principal Place of Business 1011 FOREST HILL BLVD	3. Mailing Address 1011 FOREST HILL BLVD	
Suite, Apt. #, etc. SUITE 369	Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL	City & State	4. FEI Number 20-0322242 · Applied For / Not Applicable
Zip 33414 · Country	Zip · Country	5. Certificate of Status Desired ☐ · **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOPLOW, SHERIDAN L ED.D 1011 FOREST HILL BLVD SUITE 369 WEST PALM BEACH, FL 33414	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Sheridan Koplow, EdD, PA_

Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)**

3/13/05 DATE

FILE NOW!!! FEE IS $300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHERIDAN LYNN KOPLOW 1011 FOREST HILL BLVD, STE 369 WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600049167006 03/25/05--01003--005 **300.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Sheridan Koplow, EdD, PA_   3/13/05   561-784-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #