

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000023194

1. Corporation Name

DR. EVALINA BESTMAN, P.A.

2. Principal Office Address - No P.O. Box #

9710 STIRLING ROAD

Suite, Apt. #, etc.

101

3. Mailing Office Address

9710 STIRLING ROAD

Suite, Apt. #, etc.

101

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL.

Zip

33024

Country

USA

Zip

33024

Country

USA

200138013762

11/17/08--01069-211
CR20081 (10/08) **300.00

4. Date Incorporated or Qualified

To Do Business in Florida 02/15/2006

5. FEI Number

20-4332521

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

DR. EVALINA BESTMAN

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

9710 STIRLING ROAD

Suite, Apt. #, Etc.

101

City

COOPER CITY

State

FL

Zip Code

33024

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/14/2008

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
P	EVALINA BESTMAN	9710 STIRLING ROAD, STE #1	COOPER CITY, FL. 33024

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2008

Date

954-435-7272

Daytime Phone #

1062

12/1/08

252

DR. EVALINA BESTMAN, P.A.
9710 STIRLING ROAD
STE # 101
COOPER CITY, FLORIDA 33024

November 14, 2008

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

RE: ADMINISTRATIVE DISSOLUTION – DR. EVALINA BESTMAN, P.A.

Dear Sir / Madam:

I noticed from the website that my Corporation **“DR. EVALINA BESTMAN, P.A.”** **Document Number # P06000023194** has been Administratively Dissolved for non-filing of Annual Report on 09/14/2007. We have never received any notice of renewal or any communication from the Department of State.

I spoke with your representative on November 13, 2008. As per the instructions received, I am enclosing a check for \$ 300.00 for each year 2007 & 2008. Since we did not get any notice of renewal, I hereby request you to please waive any penalty imposed on us.

Should you have any questions, please call me at (954) 270 7849.

Very truly,


Evalina Bestman