PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006752

1. Corporation Name

RICHARD G. HANDAL, M.D., P.A.

Principal Place of Business	Mailing Address
4793 N. CONGRESS #202 ~~LANTANA FL 33462~~	5538 CROYDON CT. BOCA RATON FL 33486

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
4793 N. Congress Ave	4793 N. Congress Ave
Suite, Apt. #, etc.: Ste 202	Suite, Apt. #, etc.: Ste 202
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33426 Country: USA	Zip: ~~33~~426 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/1992

5. FEI Number: 65-0386450 ☐ 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	HANDAL, RICHARD G	~~5538 CROYDAN CT.~~ 2230 S.W. 15th Place	~~BOCA RATON FL 33486~~ 33486 Boca Raton, FL
			700003499677--0 -12/13/00--01065--006 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

HANDAL, RICHARD G MD
~~5538 CROYDON CT.~~ 2230 S.W. 15th Place
~~SUITE B~~
~~BOCA RATON FL 33486~~ Boca Raton, FL. 33486

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED Date:
REGISTERED AGENT MUST SIGN

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: Richard Handal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

202

Mazer & Sander, P.A.
Certified Public Accountants

1101 N. Congress Avenue • Suite 206
Boynton Beach, FL 33426
Phone: (561) 742-9800
Fax: (561) 742-9777

6100 Glades Road • Suite 310
Boca Raton, FL 33434
Phone: (561) 742-9800
Fax: (561) 451-9557

November 20, 2000

Via Certified Mail

Division of Corporations
Annual Report / Reinstatement Division
P.O. Box 6327
Tallahassee, Fl 32314-6327

To Whom It May Concern:

We are writing on behalf of our client, Richard G. Handal M.D., P.A., regarding document # P92000006752. Dr. Handal has advised me that his office never received the appropriate form for completion and submission by May 1, 2000.

As can be seen by the attached application for reinstatement, the address to which the original form was mailed was incorrect. This would explain why it was never received.

As such, the application for reinstatement is enclosed as well as check # 4075 for the amount of $150.00 representing the original amount due. We respectfully request that due to the extenuating circumstances described above, the application be processed as submitted.

If we can be of any additional assistance, please do not hesitate to contact us at your earliest convenience. Thank you.

Sincerely,

Scott M. Sander
SMS/anm