

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-0340R

FILED

03 JUL 22 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200021722192
07/22/03--01051--002 **300.00

DOCUMENT # P92000007136

1. Corporation Name

A. NORMAN GOLDWASSER PH.D., P.A.

2. Principal Office Address

975 ARTHUR GODFREY RO,

Suite, Apt. #, etc.

SUITE308

City & State

MIAMI BEACH, FL.

Zip

33140

Country

3. Mailing Office Address

975 ARTHUR GODFREY RO/

Suite, Apt. #, etc.

#308

City & State

MIAMI BEACH, FL

Zip

33140

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1992

5. FEI Number

65-0370484

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

MARC BIRNBAUM, P.A.

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

1031 IVES DAIRY ROAD

Suite, Apt. #, Etc.

#228

City

MIAMI

State
FL

Zip Code
33179

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

M. Birnbaum

REGISTERED AGENT MUST SIGN

Date 07/15/03

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 | GOLDWASSER, A.N. | 4545 NAUTILUS CT. | MIAMI BEACH, FL 33140 |
| | | | |
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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:

A. Goldwasser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/03

Date

(305)673-3101

Daytime Phone #

CR2E081 (10/02)

To Whom It May Concern,

We did not receive any
paperwork/documents from
your office re: corporate
renewal. When I spoke to
someone from your office I
was advised to write a
note stating this and to
include a check for
\$300.00 for reinstatement.

Thank you for your
consideration.

J. L. Old

Unfortunately, we have had
quite a bit of turnover in
our office and this somehow
"fell through the cracks".