

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **993000066085**

1. Corporation Name **Beth H. Hall, PhD, PA**

FILED  
98 AUG 10 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**6499 Powerline Rd, Suite 209  
Ft Lauderdale, FL 33309**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>Same</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>9/27/93</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0437248</b>	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<b>P</b>	<b>Beth Hershkowitz Hall, PhD</b>	<b>6499 Powerline Rd, Suite 209</b>	<b>Ft Lauderdale FL 33309</b>

**608002616566-6**  
-08/14/98--01064--019  
\*\*\*1350.00 \*\*\*1350.00

**REINSTATEMENT** **9/10/98**

8. Name and Address of Current Registered Agent <b>Beth H. Hall PhD 6499 Powerline Rd Ste 209 Ft Lauderdale FL 33309</b>		9. Name and Address of New Registered Agent Name <b>Beth Hershkowitz Hall PhD PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6499 Powerline Rd Ste 209</b> Suite, Apt. #, Etc. <b>Ft Lauderdale</b> City <b>FL</b> State <b>FL</b> Zip Code <b>33309</b>	
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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 **Beth H. Hall PhD** Date **8/3/98**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: **Beth H. Hall PhD** Date **8/3/98** 454 772-6677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #