

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 15 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070873

1. Corporation Name

LARRY J. FEINMAN, D.O., P.A.

500005610715--9
-05/27/02--01001--010
*****8.75 *****8.75

REINSTATEMENT 00-02

2. Principal Office Address

9325 Seminole Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole, FL 33772

City & State

Zip

33772

Country

Pinellas

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/12/93

5. FEI Number

59-3204984

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

Sheryl N Feinman

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

9325 Seminole Blvd.

Suite, Apt. #, Etc.

City

Seminole.

State
FL

Zip Code

33772

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

Sheryl N Feinman

REGISTERED AGENT MUST SIGN

Date

5/8/02

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	Larry J. Feinman	9325 Seminole Blvd.	Seminole, FL 33772
S/T	Sheryl N. Feinman	9325 Seminole Blvd.	Seminole, FL 33772

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.

Sheryl N. Feinman

SIGNATURE

Sheryl N Feinman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sheryl N Feinman 5/8/02 727 3986888

CR2E081 (9/01)