

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



9798 AR
FLORIDA DEPARTMENT OF STATE
andrea B. Marham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 24 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000 80070
Corporation Name DANIELA LOBOVITS PHD PA

Principal Place of Business Mailing Address
2295 Corporate BLVD N.W.
231
Boca Raton, FL 33431

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>650615980</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	<u>PHD Daniel Lobovits</u>	<u>2295 CORPORATE BLVD</u>	<u>BOCA RATON,</u>
		<u># 231</u>	<u>FL 33431</u>

200002503842-1
04/28/98-01110-014
***315.00 ***315.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>DANIEL A. LOBOVITS, Ph.D</u> <u>2295 CORPORATE BLVD, #231</u> <u>BOCA RATON, FL 33431</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <u>FL</u>

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 x [Signature] REGISTERED AGENT MUST SIGN Date x 4/20/98

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: DANIEL A. LOBOVITS 3/30/98 (561) 996-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #