

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 13 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015602

1. Corporation Name

Dr. Todd Steven Schwartz, P.A.

RS

REINSTATEMENT 03-04

100026889751

01/13/04--01095--008 **300.00

WOP

2. Principal Office Address

6504 NW 33rd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6504 NW 33rd Ave

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

USA

Zip

33496

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1996

5. FEI Number

65-0655053

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

Todd Steven Schwartz

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

6504 NW 33rd Ave

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33496

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

Todd Schwartz

REGISTERED AGENT MUST SIGN

Date

1-8-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/ S/V	Todd Steven Schwartz	6504 NW 33 rd Ave	Boca Raton, FL 33496

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:

Todd Schwartz

Todd Steven Schwartz 1-8-04 561-995-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (10/02)