

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 13 AM 10:21

DOCUMENT # P96000074245

1. Corporation Name

PAUL INKELES, PsyD. CAP RA

500062176805  
01/05/06--01033--003 \*\*1200.00

2. Principal Office Address

1750 UNIVERSITY DR

Suite, Apt. #, etc.

SUITE 209

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

3. Mailing Office Address

1750 UNIVERSITY DR

Suite, Apt. #, etc.

SUITE 209

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/30/1996

5. FEI Number

65-0688054

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

PAUL INKELES

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

1750 UNIVERSITY DR

Suite, Apt. #, Etc.

209

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

Paul Inkeles, PsyD  
REGISTERED AGENT MUST SIGN

Date

4/16/05

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
<u>P</u>	<u>PAUL INKELES</u>	<u>12133 NW 16TH COURT</u>	<u>CORAL SPRINGS FL 33071</u>

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:

Paul Inkeles, PsyD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/05  
Daytime Phone #

CR2E081 (01/05)