

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra L. North
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 30 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097848

1. Corporation Name

Weston Professional & Medical Executive
Officers Inc.

Principal Place of Business

65 Weston Rd
Sunrise FL

Mailing Address

11300 Port Street
Cooper City FL 33026

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

11300 Port Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cooper City FL

Zip

Country

Zip

Country

33026

USA

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

11/22/96

5. FEI Number

65-0730753

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

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
Pres	Larry Charson	4340 Sheridan St Suite 200	Hollywood FL 33021
V-P	William Weisman	4340 Sheridan St, Suite 200	Hollywood FL 33021
Sec.	Daniel Mandel	4340 Sheridan St Suite 200	Hollywood FL 33021
Treas.	Lisa Dobrovosky	4340 Sheridan St Suite 200	Hollywood FL 33021

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04/06/98 --01005--001

***315.00 ***315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Larry Charson
4340 Sheridan St Suite 200
Hollywood FL 33021

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 3/6/98

**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 taxes 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Charson

3/6/98 (954) 987-7677

Date

Daytime Phone #

CR2E240 (1-98)

2

March 6, 1998

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: Weston Professional & Medical Executive Offices, Inc.
Document #P96000097848

To Whom It May Concern:

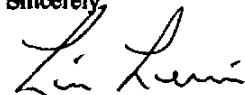
I am requesting that the administrative dissolution or revocation from your department and the reinstatement fee be waived for Weston Professional & Medical Executive Offices, Inc. because this corporation did not receive the 1997 first or second notice Profit Corporation Annual Report documents from your office, and therefore, was unable to file timely. It has always been the intent of this corporation to remain in good standing with the State of Florida. Furthermore, the corporation would have filed the annual report timely if it had received it. Please note that all further annual reports should be mailed to the following address:

Weston Professional & Medical Executive Offices, Inc.
c/o Lisa Levinson
11300 Port Street
Cooper City, FL 33026

Enclosed is a check for \$315.00 representing the annual report fee for 1997 and 1998 a completed application for reinstatement.

Please contact me at (954) 438-6729 if there are any questions regarding this matter.

Sincerely,



Lisa Levinson, C.P.A.