

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008939606

11/12/02--01103--009 **150.00



DOCUMENT # P97000002156

1. Corporation Name

ROBERT J. SHAPIRO, PH.D., P.A.

Principal Place of Business

1331 BEDFORD DRIVE
STE. 101
MELBOURNE FL 32940
US

Mailing Address

1331 BEDFORD DRIVE
STE. 101
MELBOURNE FL 32940
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1997

5. FEI Number

59-3419280

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHAPIRO, ROBERT J PH.D.	1331 BEDFORD DRIVE	MELBOURNE FL 32940

8. Name and Address of Current Registered Agent

SHAPIRO, ROBERT J PH.D.
1331 BEDFORD DRIVE
STE. 101
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert J. Shapiro
REGISTERED AGENT MUST SIGN

Date 11/4/02

11. 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:

Robert J. Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02 (321) 751-1925

CR2E040 (8/02)

Robert J. Shapiro, Ph.D., P.A.

Robin L. Goldstein, Ed.D.

1331 Bedford Drive, Suite 101

Melbourne, FL 32940

Phone: (321) 751-1925

Fax: (321) 751-9261

Department of State
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

November 4, 2002

To Whom It May Concern:

I am writing this letter to explain the tardiness of this payment. In January of 2002, I was just returning from a prolonged absence of almost six months due to a serious illness. Although I was fortunate to have so many people step into my shoes, there was still a back-log of paperwork to catch up with. As I was setting the office back to 'normal', Dr. Shapiro was diagnosed with cancer. This came on suddenly, setting the office into turmoil once again. Dr. Shapiro had surgery in February, and then chemo and radiation treatments followed, lasting until the beginning of July.

Please accept this check as payment in full and reinstate the corporation to an active status. I can assure you that this oversight will not happen again.

Thank you for the attention you have given this matter.

Sincerely,



Patty Heller
Office Manager for
Robert J. Shapiro, Ph.D., P.A.