

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 13 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006936

1. Corporation Name

SCOTT A. RUBIN, D.C., P.A.

Principal Place of Business

1045 9TH AVENUE NORTH
ST. PETERSBURG FL 33705

Mailing Address

1045 9TH AVENUE NORTH
ST. PETERSBURG FL 33705

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

01/24/1997

5. FEI Number

59-3428325

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	RUBIN, SCOTT A	400 12TH AVE NE #2	ST. PETERSBURG FL 33701

9000008969789
11/13/02--01055--009 **150.00

8. Name and Address of Current Registered Agent

RUBIN, SCOTT A
1045 9TH AVENUE NORTH
ST. PETERSBURG FL 33705

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 11/5/02

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR3E040 (8/02)

1045 9th Avenue North
St. Petersburg, FL 33705

November 2, 2002

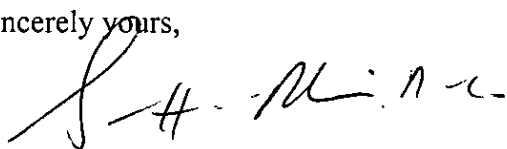
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Subject: Uniform Business Report Filings

Enclosed, please find the 2002 Uniform Business Report for Scott A. Rubin, D.C., P.A. I did not receive a prior notice regarding filing this form. Please abate the related penalties. Thank you for your time and consideration.

Sincerely yours,

A handwritten signature in black ink, appearing to read "S. A. Rubin", is written over the closing "Sincerely yours,".

Scott A. Rubin
Enclosure (1)