PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02 UBN

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	Mailing Address
1045 9TH AVENUE NORTH ST. PETERSBURG FL 33705	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		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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

900008969789
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

CR2E040 (8/02)

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 X SIGNATURE REQUIRED Date 11/5/02

REGISTERED AGENT MUST SIGN

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: X SIGNATURE REQUIRED 11/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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,

Scott A. Rubin
Enclosure (1)