


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000065140**

1. Corporation Name

STEVEN CASSEL, PH.D., P.A.

Principal Place of Business

Mailing Address

7421 NORTH UNIVERSITY DR., SUITE 207
TAMARAC FL 33321

7421 NORTH UNIVERSITY DR., SUITE 207
TAMARAC FL 33321

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

07/24/1997

5. FEI Number

65-0797061

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
PD	CASSEL, STEVEN P	1850 N.W. 105TH LANE	CORAL SPRINGS FL 33071

888884668910--5
-11/06/01--01046--025
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASSEL, STEVEN

7421 NORTH UNIVERSITY DR., SUITE 207

TAMARAC FL 33321

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

Steven Cassel
REGISTERED AGENT MUST SIGN

Date

10-11-01

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:

Steven Cassel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-01 (954) 405-6175

CR2E040 (8/01)

10-12-01 *zaf*

STEVEN CASSEL, Ph.D., PA
LICENSED PSYCHOLOGIST- PY 3898

7421 North University Drive
405-6175
Suite 207
722-0055
Tamarac, Florida 33321

Phone (954)

Fax (954)

Re: FEI # 65-0797061

I never received any notices about my \$150 fee for my corporation in 2001 prior to this notice of dissolution. I am requesting that you rescind the dissolution and waive the fees because of the aforementioned. Enclosed find my check for \$150 and thanks for your consideration.

Respectfully,

Steven Cassel, Ph.D., PA

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