

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065140

1. Corporation Name

Steven Cassel, Ph.D., PA

2. Principal Office Address

5310 NW 33 Ave

Suite, Apt. #, etc.

221

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

5310 NW 33 Ave

Suite, Apt. #, etc.

221

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 1-1-98

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. Name and Address of Current Registered Agent

Name

Steven Cassel, Ph.D., PA

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

5310 NW 33rd Ave

Suite, Apt. #, Etc.

STE 221

City

Fort Lauderdale

State  
FL

Zip Code

33309

600008880776

11/08/02--01005--005 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Steven Cassel, Ph.D., PA

REGISTERED AGENT MUST SIGN

Date 11-30-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres -	Steven Cassel, Ph.D., PA	Same	Same

10. 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, Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-30-02 (954)  
405-6175

Daytime Phone #

CR2E081 (9/01)

11/15/02

**STEVEN CASSEL, Ph.D., PA**  
**LICENSED PYSCHOLOGIST- PY 3898**

5310 N.W. 33<sup>rd</sup> Avenue  
Suite 221  
Ft. Lauderdale, Florida 33309

Phone (954) 405-6175  
Fax (954) 717-0505

To Whom It May Concern:

I am requesting to be reinstated without penalty. I moved out of a group I shared office space with. The post office will not forward any individual's mail who moves out of a group. I have to count on the good will and efficiency of the group I left. As a result, I do not receive all the mail that is mailed to me. I did not receive the last bill or mailing. My **old address** was: 7421 N. University Drive, Ste 207, Tamarac, FL 33321.

Respectfully,

*Steven Cassel, Ph.D., PA 10-30-02*

Steven Cassel, Ph.D., PA (FEI 65-0797061)