

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR 28 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YBR  
98-02

DOCUMENT # P97000066826

1. Corporation Name

Cycle Science of Juno Beach, Inc.

2. Principal Office Address

13975 US Highway 1

3. Mailing Office Address

(same as #2)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Juno Beach FL

City & State

Zip

33408

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/1/97

5. FEI Number

59-3461355

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

Michael B. Ellner

700005179867

008

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

13975 US Highway 1

04/01/02--01064--

008

Suite, Apt. #, Etc.

Juno Beach, FL

\*\*\*750.00 \*\*\*

50.00

City

State

FL

Zip Code

33408

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

REGISTERED AGENT MUST SIGN

Date

2/14/02

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
D.P.	Michael B. Ellner	13975 US Highway 1	Juno Beach, FL 33408

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 561/212-2432

Date

Daytime Phone #

CR2001 (8/00)

2 of 2

# WAXMAN PROPERTY GROUP

March 13, 2002

Department of State  
Division of Corporations  
Attn: Corporate Reinstatement  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Corporate Reinstatement  
Cycle Science of Juno Beach, Inc.**

Dear Division of Corporations:

This is a request for a waiver of the late fees for corporate reinstatement of Cycle Science of Juno Beach, Inc. As your records will reflect, in 1998 my client failed to file his annual report and his corporation was therefore administratively dissolved. The cause of the dissolution stemmed from the fact that my client never received any correspondence from the Division of Corporations because his address was incorrect in your records. In fact, the annual report and reminder notice from 1998 were returned to you for an incorrect address. Up until recently my client was unaware of the dissolution and was lucky a vendor brought it to his attention. He never knew to look for the annual report and always relied on his accountant to do so.

This morning I spoke with a representative from Reinstatement Division and he instructed me to file this request for a waiver together with the application for reinstatement and a \$750 reinstatement fee. The address has been corrected in the application for reinstatement.

Your consideration of this matter would be much appreciated. If you should have any question or require further assistance, please do not hesitate to contact me.

Sincerely,



Brian K. Waxman, Esquire

Enclosures  
cc: Michael B. Ellner