

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

rs 182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 22 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085164

1. Corporation Name

DR. LYNN R. BERNSTEIN & ASSOCIATES P.A.
2510 TAMiami TRAIL N
NOKOMIS, FL 34275

2. Principal Office Address

2510 TAMiami TRAIL N

3. Mailing Office Address

2510 TAMiami TRAIL N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

City & State

NOKOMIS, FL

Zip

34275

Country

Zip

34275

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 09/29/1997**

**5. FEI Number
65-0783771**

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

DR. LYNN R. BERNSTEIN

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

7275 MANASOTA KEY

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

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
PRESIDENT	DR. LYNN R BERNSTEIN	7275 MANASOTA KEY	ENGLEWOOD FL 34223
SECRETARY	JOSEPH S. BERNSTEIN	7275 MANASOTA KEY	ENGLEWOOD FL 34223

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:

Lynn R Bernstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-2004

Daytime Phone #

941-474-7170

CR2E081 (01/04)

pg 2 of 2

Dr. Lynn R. Bernstein & Assoc. P.A.
Specializing in Behavioral Care

1861 Placida Rd. Suite 101
Englewood, FL 34223
941-474-7170 fax 941-475-2955

September 17, 2004

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE LATE FILING FEE. WE DID NOT RECEIVE THE
APPLICATION IN THE MAIL. WE ARE ENCLOSING CHECK FOR FILING
FEES FOR YEARS 2003 AND 2004 IN THE AMOUNT OF \$300.00.

THANK YOU
DR. LYNN R. BERNSTEIN
