

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 1:48

DOCUMENT # P98000023725

1. Corporation Name

RONNIE SILBERSWEIG LMHC, P.A.

Principal Place of Business

Mailing Address

CENTER FOR BEHAVIORAL STUDIES
7421 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321

10271 NW 17 ST
CORAL SPRINGS FL 33071

33321

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



#6T-0817834

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0817834
~~61-0647538~~

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SILBERSWEIG, RONNIE	10271 NW 17 ST	CORAL SPRINGS FL 33071
			500003458055--0 -11/09/00--01017--012 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILBERSWEIG, RONNIE
10271 NW 17 ST
CORAL SPRINGS FL 33071

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

R. Silbersweig
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/16/00

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.

AD

SIGNATURE:

R. Silbersweig
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00
Date

954-722-0402
Daytime Phone #

RONNIE SILBERSWEIG LMHC, P.A.

10271 N.W. 17TH. STREET
CORAL SPRINGS, FL. 33071

Florida Department Of State
Katherine Harris
Secretary of State
Division of Corporations
October 17, 2000

Dear Ms. Harris;

Yesterday I received the attached application for reinstatement of my Florida Corporation under your document # P98000023725. I was very surprised and upset to find that my corporation was dissolved and had a penalty of \$600.00.

Let me assure you that I never received the annual report forms , that if I had I certainly would have paid in a timely manner. Perhaps the problem has arisen due to your having the wrong FEI number on file for me, the proper # is 65-0817834. I have previously contacted your offices regarding this and as you see it still needs to be corrected.

I would greatly appreciate your waving the \$600.00 penalty, it would create a hardship for me and as I have tried to explain, I do not believe it is due to my negligence.

Thank you for your help,


Ronnie Silbersweig