

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025876

1. Corporation Name

PAUL HERMAN, D.C. P.A.

Principal Place of Business

5560 S FLAMINGO RD
COOPER CITY FL 33330

Mailing Address

5560 S FLAMINGO RD
COOPER CITY FL 33330

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1998

5. FEI Number

65-0829237

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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	HERMAN, PAUL	5560 S FLAMINGO RD	COOPER CITY FL 33330

600003029926--1
-11/01/99--01008--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HERMAN, DAVID
5560 S FLAMINGO RD
COOPER CITY FL 33330

9. Name and Address of New Registered Agent

Name

HERMAN, PAUL

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

5560 S. FLAMINGO ROAD

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33330

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

REGISTERED AGENT MUST SIGN

Date

10/14/99

KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/99

Daytime Phone #

CR2040 (8/99)