

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 NOV 14 AM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

198000055227

1. Corporation Name

WATER'S EDGE DERMATOLOGY, INC.

2. Principal Office Address

3385 BURNS ROAD

3. Mailing Office Address

3385 BURNS ROAD

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS

Zip

33410

Country

USA

Zip

33410

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0844229

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

THEODORE A. SCHIFF

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

3385 BURNS ROAD

500004719345--8

Suite, Apt. #, Etc.

SUITE 101

12/11/01 01075-019
***750.00 ***750.00

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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 11/9/01

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
P/VP/ S/T	THEODORE A. SCHIFF	440 S.E. OSCEOLA ST.	STUART, FL 34994

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

Ted Schiff, MD

Date

10/18/01 (201) 94-9493

Daytime Phone #