## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P98000057467 DOCUMENT #

1. Corporation Name

SCOTT E. BERNSTEIN, D.P.M., P.A.

Principal Place of Business

Mailing Address

6701 SUNSET DR., STE. 104 MIAM! FL 33134

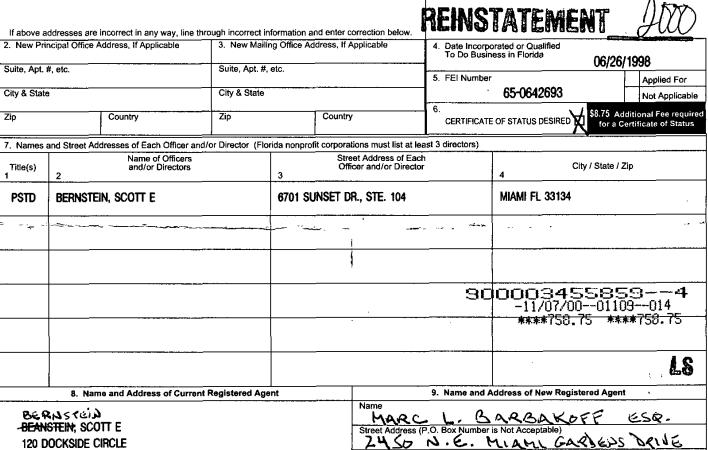
6701 SUNSET DR., STE, 104

MIAMI FL 33134

FILED

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SECRETARY OF STATE TALEAHASSEE, FLORIDA



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.

No. MAMI

Signature of Registered Agent

FT LAUDERDALE FL 33327

REGISTERED AGENT

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.

Date OCT

Zip Code 3307