

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000059625

1. Corporation Name

IZMIRLIAN, D.O. AND ABRAMS, D.O., P.A.

Principal Place of Business

1921 WALDEMERE ST. #711
SARASOTA FL 34239

Mailing Address

1921 WALDEMERE ST. #711
SARASOTA FL 34239

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1998

5. FEI Number

65-0844375

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ABRAMS, LORI	800 SO. OSPREY AVE. 1921 Waldemere St., Suite 711	SARASOTA FL 34239
D	IZMIRLIAN, DOROTHY A	800 SO. OSPREY AVE. 1921 Waldemere St., Suite 711	SARASOTA FL 34239
			700003079457--5
			-12/23/99--01059--010
			****750.00 ****750.00
			REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

SHEA, JOHN J JR.
630 S. ORANGE AVE., #300
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name
DOROTHY IZMIRLIAN
Street Address (P.O. Box Number is Not Acceptable)
1921 Waldemere St.
Suite, Apt. #, Etc.
Suite 711
City
Sarasota
State
FL
Zip Code
34239

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Dorothy Izmirlian

REGISTERED AGENT MUST SIGN

Date

12/7/99

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:

Dorothy Izmirlian Dorothy Izmirlian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/7/99

Daytime Phone #