

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061078

1. Corporation Name

DR. EVELYN HOCHBERG, PA

Principal Place of Business -

5301 NORTH FEDERAL HIGHWAY
SUITE 270
BOCA RATON FL 33487

Mailing Address

5301 NORTH FEDERAL HIGHWAY
SUITE 270
BOCA RATON FL 33487

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

07/10/1998

5. Fee Number

65-0854662

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HOCHBERG, EVELYN DR.	5301 NORTH FEDERAL HIGHWAY, SUIT	BOCA RATON FL 33487

8. Name and Address of Current Registered Agent

HOCHBERG, EVELYN
5301 N FEDERAL HWY STE 270
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Evelyn Hochberg President
REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

Evelyn Hochberg President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

FILED
03 OCT 21 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 63

100023966371
10/21/03--01050--002 **150.00

CR2E040 (7/03)

DEPT of State
Div. of Corps.
POB. 6327

Tallahassee, FL 32314

R. Evelyn Hochberg RegD
5301 N. Federal Highway
St 270

Boca Raton FL 33487

To Whom It May Concern:

I did not receive any prior uniform business report (UBR) notices until this notice of dissolution arrived last week. Please accept this application for reinstatement and the enclosed \$50 filing fee. This is the first notice I have received all year and I am responding as directed.

Respectfully Yours,
Evelyn Hochberg
President

P.S. Please mail all future notices directly to my CPA: Accardi Stondlee LLC
2240 Woolbright Rd
St 317

Boynston Bch. FL

33426

She will watch out for notices so this does not happen again!