

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 JAN 19 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000062105

1 Corporation Name

Betty Hyman, P.A.

Principal Place of Business

Mailing Address

12260 SW 8th Street
Suite 224
Miami, FL 33184

12260 SW 8th Street
Suite 224
Miami, FL 33184

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

2. New Principal Office Address, If Applicable

155 South Miami Avenue

Suite, Apt. #, etc.

Suite PH-1

City & State

Miami, FL 33130

Zip

33130

Country

USA

3. New Mailing Office Address, If Applicable

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

Apt. 2636

City & State

Miami, FL 33132

Zip

33132

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/1998

5. FEI Number

65-0854390

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	Hyman, Betty	1717 N. Bayshore Dr, #2636	Miami, FL 33132
			100003114111--1
			-01/28/00--01031--008
			*****908.75 *****908.75

8. Name and Address of Current Registered Agent

Hyman, Betty Esq.
12260 SW 8th Street
Suite 224
Miami, FL 33184

9. Name and Address of New Registered Agent

Name

Betty Hyman, Esq.

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

155 South Miami Avenue

Suite, Apt. #, Etc.

PH-1

City

Miami

State

FL

Zip Code

33130

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

Betty Hyman

REGISTERED AGENT MUST SIGN

Date

1/13/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Betty Hyman Betty Hyman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 (305)375-0313

Date

Daytime Phone #

CR2E08 (12/98)