

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -9 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082276

1. Corporation Name

STEVEN R MILSTEIN, M.D., P.A.

Principal Place of Business

23162 POST GARDENS WAY STE 702
BOCA RATON FL 33433

Mailing Address

23162 POST GARDENS WAY STE 702
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable
6599 NW 33rd AVENUE

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33496 Country
PALM BEACH

3. New Mailing Office Address, If Applicable
6599 NW 33rd AVENUE

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33496 Country
PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1998

5. FEI Number

65-0870897

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	4 City / State / Zip
D	MILSTEIN, STEVEN R	23162 POST GARDENS WAY STE 702 6599 NW 33 rd AVENUE	BOCA RATON FL 33433 33496

900003079389--8
-12/23/99--01057--003
***750.00 ***750.00

8. Name and Address of Current Registered Agent

MILSTEIN, STEVEN
23162 POST GARDENS WAY STE 702
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

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

Steven R. Milstein

REGISTERED AGENT MUST SIGN

Date 12/1/99

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Steven R. Milstein, M.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven R. Milstein, M.D., P.A.
12/1/99 561-999-9626
Date Daytime Phone #

KE

CR02040 (8/99)