

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 AM 9:40

DOCUMENT # P98000094105

1. Corporation Name

DOREEN INKELES, P.A.

Principal Place of Business

Mailing Address

3111 N. UNIVERSITY DRIVE  
SUITE 725  
CORAL SPRINGS FL 33065

3111 N. UNIVERSITY DRIVE  
SUITE 725  
CORAL SPRINGS FL 33065



REINSTATEMENT 00

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

1515 University Dr. ←

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

City & State

City & State

CORAL SPRINGS FL

Zip 33071

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1998

5. FEI Number

65-0878851

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
P	INKELES, DOREEN	12733 NW 16 CT	CORAL SPGS FL 33071

300003447709-2  
-11/01/00--01109--011  
\*\*\*\*750.00 \*\*\*\*750.00

10/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INKELES, DOREEN

3111 N. UNIVERSITY DRIVE  
SUITE 725-115  
CORAL SPRINGS FL 33065

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

10-17-00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00

Date

954757-1080

Daytime Phone #

CR2E040 (8/00)