

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

00 NOV -9 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016985

1. Corporation Name

ACUPUNCTURE ASSOCIATES OF PLANTATION, INC.

Principal Place of Business

Mailing Address

9719 WEST BROWARD BOULEVARD
PLANTATION FL 33324

9719 WEST BROWARD BOULEVARD
PLANTATION FL 33324



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/19/1999	
City & State		City & State		5. FEL Number 65-090342	
Zip		Country		Applied For ☒ Not Applicable	
Zip		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SCHIFF, SUSAN G	9719 WEST BROWARD BOULEVARD	PLANTATION FL 33324
STD	MCINTOSH, THERESA T	9719 WEST BROWARD BOULEVARD	PLANTATION FL 33324

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****150.00 ****150.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAVENDER, JOEL R ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE FL 33316

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

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:

Theresa McIntosh

10/17/00 9544249755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Acupuncture
Associates**
OF PLANTATION, INC.

10-17-00



To Whom it may concern:

Our office has never received any notices for the year 2000 to keep our corporation on active status.

Please waive the late fee and accept our check in the amount of \$150.00, as this is our first notification regarding this matter.

Thank you -

Greene & McIntosh