

FILED

05-10-2001 90205 025 ***150.00

0175001

MULTI-THERAPY ASSOCIATES INC.

1175-C 71ST STREET
MIAMI BEACH FL 33141

Suite, Apt. #, etc.

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Zip Code

SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

305-864-1418
Daytime Phone

CR2E034 (10/00)