## **APPLICATION FOR** UBR 2001



## FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P99000082872

1. Corporation Name

CHARLES R. BEEMAN, P.A.

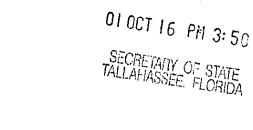
Principal Place of Business

Mailing Address

201 S. BISCAYNE BLVD., STE. 2500 MIAMI FL 33131

201 S. BISCAYNE BLVD., STE. 2500

MIAMI FL 33131



2001 UBR
Date Incorporated or Qualified

If above addresses are incorrect in any way, line through incorrect information and enter correction below.						2001 0011			
2. New Prir	ncipal Office /	Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     09/20/1999			
Suite, Apt. #	, etc.		Suite, Apt. #,	Suite, Apt. #, etc.					
						5. FEI Number Applied For			
			City & State			65-0948412		Not Applicable	
			Zip Country		Country	CERTIFICATE OF STATUS		S DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names a	nd Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonproi	fit corporations must list at le	east 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo	ch .	. City /	State / Zip	
				-			4		
De	BEEMAN, CHARLES R			201 S. BISCAYNE BLVD., STE. 25			500   MIAMI FL 33131		
DIPIT	<b> </b> \$								
						11	<b>2000466</b> -10/31/01	1 <del>6115</del> -01080022	
							****158.75	5 ****158 <b>.</b> 75	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
	N, CHARLE BISCAYNE	S R BLVD., STE. 2500		~	Name - Street Address (	Name Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			

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

State | Zip Code

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 filling 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.

City

SIGNATURE:

ري ري

Charles R. Beeman, P.A. 201 South Biscayne Blvd. Suite 2500 Miami, FL 33131 (305) 379-5573

October 15, 2001

## **VIA FEDEX**

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Reinstatement of Charles R. Beeman, P.A.

To Those Concerned:

I am attaching a completed Application for Reinstatement of the above-captioned Professional Corporation.

I respectfully request that the reinstatement fees be waived because I did not receive either the 2001 UBR or the second notice prior receiving the Notice of Administrative Dissolution today.

Thank you for your consideration.

Charles R. Beeman

CRB/dac