

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
2001 UBR



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

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

Mailing Address

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1999

5. FEI Number

65-0948412

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DR	BEEMAN, CHARLES R	201 S. BISCAYNE BLVD., STE. 2500	MIAMI FL 33131
D/P/T/K			

100004661611--5
-10/31/01--01080--022
****158.75 ****158.75

8. Name and Address of Current Registered Agent

BEEMAN, CHARLES R
201 S. BISCAYNE BLVD., STE. 2500
MIAMI FL 33131

9. Name and Address of New Registered Agent

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

Charles R. Beeman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

Charles R. Beeman
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01 305375-88573
Daytime Phone #

CR2E040 (8/01)

2022

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.

Very truly yours,


Charles R. Beeman

CRB/dac