

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000104985**

1. Corporation Name

LARRY LANDSMAN, M.D., P.A.

Principal Place of Business

787 37TH STREET
VERO BEACH FL 32960

Mailing Address

787 37TH STREET
VERO BEACH FL 32960

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1999

5. FEI Number

65-0966070

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 |
|---------------|---|--|-------------------------|
| PD | LANDSMAN, LARRY | 787 37TH STREET | VERO BEACH FL 32960 |
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| | | | |

700024260167
10/29/03--01071--012 **150.00

8. Name and Address of Current Registered Agent

SHECHTER, PHILIP
9655 SOUTH DIXIE HIGHWAY
3RD FLOOR
MIAMI FL 33156

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. or 617.0505, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/19/07

36

BERENFELD
SPRITZER
SHECHTER
& SHEER

CERTIFIED PUBLIC ACCOUNTANTS
A Partnership of Professional Associations

October 17, 2003

Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Larry Landsman, M.D., P.A.
I.D. No.: 65-0966070
Document No.: P99000104985

To Whom It May Concern:

The above referenced corporation has asked us to respond to your notice of Dissolution. Please be advised that the owner of the corporation was going through a very difficult divorce and when he turned over the corporate records to his wife's attorney as part of discovery, he erroneously included his UBR for 2003. These records have not yet been returned to Dr. Landsman and not having the form on hand, he did not file the form and pay the necessary funds due.

We are hereby requesting that you accept the enclosed check in the amount of \$150 and abate the penalties and return the corporation's status to "active".

Thank you for your cooperation in this matter.

Very truly yours,



PHILIP J. SHECHTER, C.P.A.

PJS/mr

REPLY:

MIAMI OFFICE

9655 South Dixie Hwy., Third Floor, Miami, Florida 33156
Telephone: (305) 274-4600 Telefax: (305) 274-4601

WESTON OFFICE

2237 N. Commerce Parkway, Suite 3, Weston, Florida 33326
Telephone: (954) 370-2727 Telefax: (954) 370-2776