

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

CORPORATION REINSTATEMENT

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

FILED

01 JAN -8 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA9000108013**

1. Corporation Name

CHAD G. KELMAN, M.D., P.A.

2. Principal Office Address

1750 SW 2ND AVE.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

U.S.

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/99

5. FEI Number

65-0970931

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHAD G. KELMAN

Street Address (P.O. Box Number is Not Acceptable)

1750 SW 2ND AVENUE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHAD G. KELMAN	1750 SW 2ND AVENUE	BOCA RATON FL 33432
			SP

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 561-495-3172

292

CHAD G. KELMAN, M.D., P.A.
1750 SW 2ND AVENUE
BOCA RATON, FL 33432

December 27, 2000

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

To Whom It May Concern:

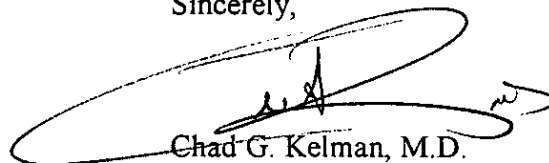
I have recently received a Certificate of Administrative Dissolution or Revocation from the Department of State for the corporation, Chad G. Kelman, M.D., P.A., in which I am the sole shareholder. I am submitting an application for reinstatement. I recently incorporated in the state of Florida (December 14, 1999) and was not aware of the annual filing requirement of the Uniform Business Report nor did I receive any notices until receiving the Certificate of Administrative Dissolution or Revocation. I have always timely filed and made necessary payments for all required tax returns and other filings. Had I been aware of the filing requirement, I would have timely filed and submitted the annual fee.

I have been advised by a staff member of the Department of State via a telephone conversation to your assistance line to enclose a check for \$300, which represents the annual filing fee of \$150 for each of the years 2000 and 2001. He indicated not to file the Uniform Business Report for 2000 and 2001 and that the actual payment would be sufficient if accompanied by a letter explaining the circumstances.

Based on the above explanation I respectfully request for a waiver of the reinstatement fees.

I appreciate your attention to this matter.

Sincerely,



Chad G. Kelman, M.D.