

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP -1 AM 11:02

DOCUMENT # V00867

1. Corporation Name

James A. Herb, P.A.

**REINSTATEMENT 99-04**

600040731556  
09/01/04--01046--005 \*\*1580.75

2. Principal Office Address

2200 Corporate Boulevard, N.W.

Suite, Apt. #, etc.

Suite 315

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

2200 Corporate Boulevard, N.W.

Suite, Apt. #, etc.

Suite 315

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/16/91

5. FEI Number

650303397

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

Herb, James A.

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

2403 N.W. 30th Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

*James A. Herb*

REGISTERED AGENT MUST SIGN

Date 8/26/04

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
PTS	Herb, James A.	2403 N.W. 30th Street	Boca Raton, FL 33431
D	Herb, James A.	2403 N.W. 30th Street	Boca Raton, FL 33431

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:

*James A. Herb*

JAMES A. HERB

8/26/04

561-982-9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (01/04)