

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 13 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000019103

1. Corporation Name

DARIN L. BUSH DO. PA.

2. Principal Office Address - No P.O. Box #

4109 N. Fed Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Zip

33308

Country

USA

Zip

Country

800175472508

04/13/10--01003--017 **600.00

REINSTATEMENT

02-10

4. Date Incorporated or Qualified --
To Do Business in Florida

2/03/2005

5. FEI Number 15-3187226

02-07

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

DARIN BUSH

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

15 Middlesex Dr.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 April 11, 2010

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
Pres.	DARIN L. BUSH DO	15 Middlesex Dr.	Fort Land, FL 33308
		4/1/13	

10. E-mail Address: DARINLB8@gmail.com

(To be used for future annual report notification)

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. I further certify, 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

DARIN L. BUSH

Date

April 11, 2010

Daytime Phone #

954-816-1301