

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 30 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *pg 60000 8080*

1. Corporation Name

David O. Kateb, M.D., P.A.

100022352071
08/15/03--01057--024 **908.75

2. Principal Office Address

5050 West Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

REINSTATEMENT

City & State

Delray Beach, Florida

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1996

5. FEI Number

65-0635400

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David O. Kateb, M.D.

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

5050 West Atlantic Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State
FL

Zip Code
33445

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 **7/29/03**

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
PSTD	David O. Kateb, M.D.	5050 West Atlantic Avenue	Delray Beach, FL 33445

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)(c), 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: *X*

President

7/29/03

561-637-3933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #