

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **461002**

1. Corporation Name

**FERNANDO DE ELEJALDE, M.D., P.A.**

Principal Place of Business

6550 N. FEDERAL HWY  
#210  
FT. LAUDERDALE FL 33308  
US

Mailing Address

6550 N. FEDERAL HWY  
#210  
FT. LAUDERDALE FL 33308  
US

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

**09/11/1974**

5. FEI Number

**59-1554960**

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	DE ELEJALDE, FERNANDO	6550 N FEDERAL HWY #210	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent

DE ELEJALDE, FERNANDO M.D.  
6550 N. FEDERAL HIGHWAY  
STE 210  
FT. LAUDERDALE FL 33308-0810

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

CR2E040 (8/02)

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**

REGISTERED AGENT MUST SIGN

Date

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

**10-22-02 954-267-0602**

Date

Daytime Phone #

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Fernando de Elejalde, M.D., P.A.  
Diplomate American Board of Psychiatry and Neurology

Suite 210  
6550 North Federal Highway  
Fort Lauderdale, Florida 33308

Telephone  
954/771-5410

October 22, 2002

To whom it may concern:

I hope you will accept this check  
to reinstate my corporation. -

I must tell you that I never received  
the original forms of January and May 2002, the  
note I never paid. -

I have in practice almost 30 years  
and I do not remember receiving any forms from  
the Florida Department of State. -

Fernando de Elejalde MD PA