

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -6 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 558973

1. Corporation Name

GOODMAN, NEIL F., M.D., P.A.

**REINSTATEMENT** 03

500024481295  
11/06/03--01046--005 \*\*400.00

2. Principal Office Address

9150 SW 8TH AVE

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI, FL

Zip

33176

Country

USA

3. Mailing Office Address

9150 SW 8TH AVE

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI, FL

Zip

33176

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/01/1978

5. FEI Number

59-1795126

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

NEIL F. GOODMAN

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

9150 SW 8TH AVE

Suite, Apt. #, Etc.

SUITE 210

City

MIAMI

State

FL

Zip Code

33176

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

*[Signature]*

Date

11/3/03

REGISTERED AGENT MUST SIGN

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	NEIL F. GOODMAN	9150 SW 8TH AVE SUITE 210	MIAMI, FL 33176

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

11/3/03

Date

305-595-6255

Daytime Phone #

CR2E081 (10/02)

Neil F. Goodman, M.D., F.A.C.E.  
REPRODUCTIVE MEDICINE

Kendall Professional Building  
9150 S. W. 87th Ave., Suite 210  
Miami, Florida 33176

Telephone  
(305) 595-6855  
Fax (305) 595-4846

October 17, 2003

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

Re: Document # 558973  
Goodman, Neil F., M.D., P.A.

Gentlemen:

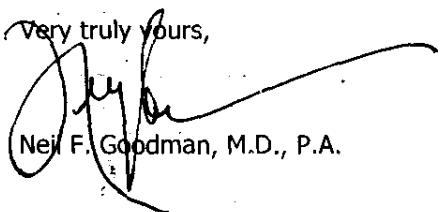
On October 14th, I received an Application for Reinstatement for the above referenced. I contacted the Division of Corporations regarding this application and was informed that a notice dated July 26, 2003 was sent advising that my request to abate the late filing fee had been denied and the \$400.00 rate filing fee was due. The notice of July 26, 2003 was never received.

I was advised this date to send the \$400.00 late filing fee along with this letter stating the notice of July 26th, 2003 had not been received and request that with this payment, the 2003 Uniform Business Report be filed.

Enclosed herewith is my check in the amount of \$400.00 for the late filing fee.

Thank you.

Very truly yours,

  
Neil F. Goodman, M.D., P.A.

Enclosure