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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED
00 DEC 13 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-00

REINSTATEMENT

◀ Read Instructions on Other Side Before Making Entries ▶
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 579581

The Gordon Clinic, Inc.
344 West 65th Street #204
Hialeah, FL 33012

2. If Address is Blank, Incorrect or Any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below: SP

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
7/15/1978	59-1841475	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Antonio Gordon JR MD	344 W 65th St	Hialeah, FL 33012

800003509148--9
-12/20/00--01077--009
****900.00 ****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Antonio Gordon JR MD
344 W 65th St
Hialeah, FL 33012

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State Zip
FL.

CR2E040 (8/92)

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.

Signature of Registered Agent _____ Date 12/11/00
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 12/11/00 Daytime Phone # (305) 556-6459

Typed or printed name of signing officer or director Antonio Gordon JR MD