

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 600594

1. Corporation Name

DRS. OAKLANDER AND ZEDECK PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

PROFESSIONAL ASSOCIATION  
838 N W 183RD STREET  
MIAMI FL 33169

PROFESSIONAL ASSOCIATION  
838 N W 183RD STREET  
MIAMI FL 33169



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/26/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1224821

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	OAKLANDER, JULES	838 N W 183RD ST	MIAMI, FL 00000
			300008578933 10/24/02--01103--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OAKLANDER, JULES  
838 NW 183RD STREET  
MIAMI FL 33169

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 10/22/02

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

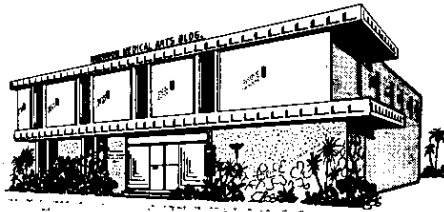
Date

Daytime Phone #

305-652-6560  
10/22/02

CR2E040 (8/02)

# Norwood Medical Clinic p.a.



October 22, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs:

re Document #600594

We are hereby requesting a waiver of the penalty fee for reinstatement as we did not receive the original report form. Your records will show that we have filed in a timely manner since 1968 apart from the year 2000 when the same thing happened and we did not receive the original form.

Attached please find Reinstatement Form duly completed together with check made payable to the Department of State in the amount of \$150.00.

Thank you.

Sincerely,

  
JULES OAKLANDER