

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -9 PM 3:18

DOCUMENT # 602330

1. Corporation Name

EDWIN H. HAMILTON, M.D., P.A.

2. Principal Office Address - No P.O. Box #

2323 N.W. 19TH ST #

Suite, Apt. #, etc.

Suite 2

City & State

FT LAUDERDALE, FL

Zip

33311

Country

USA

3. Mailing Office Address

P.O. Box 2044

Suite, Apt. #, etc.

City & State

POMPANA BEACH, FL.

Zip

33061

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

EDWIN H. HAMILTON

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

2323 NW 19th Street

Suite, Apt. #, Etc.

Suite 2

City

FT Lauderdale

State

FL

Zip Code

33311

000183902030
08/02/10--01051--001 **250.00

000183902030
08/09/10--01055--001 **150.00

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

EDWIN H. HAMILTON, MD

REGISTERED AGENT MUST SIGN

Date 07-29-2010

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
PD	HAMILTON, EDWIN H	2323 NW 19TH ST #2	FT LAUDERDALE, FL 33307
S	HAMILTON, EDWIN H	2323 NW 19TH ST #2	FT. LAUDERDALE, FL 33311

REINSTATEMENT

97-10

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

EDWIN H. HAMILTON, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDWIN H. HAMILTON, MD 07-29-10 484-8333

(954) 484-8333