

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **602982**

1. Corporation Name

LAWRENCE B. ROBBINS, M.D., P.A.

Principal Place of Business

Mailing Address

**820 Arthur Godfrey Road
Miami Beach, Florida 33140**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 27, 1971

5. FEI Number

59-1354215

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 90-97

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

(Do NOT Use Post Office Box Numbers)

3

City / State / Zip

**President/
Secretary/
Director**

LAWRENCE B. ROBBINS, M.D.

10236 W. Broadview Drive

**Bay Harbor Islands,
Florida 33154**

800002363278--1

-12/04/97--01090--012

*******915.00 *****915.00**

800002363278--1

-12/04/97--01090--013

*******8.75 *****8.75**

8. Name and Address of Current Registered Agent

**LAWRENCE B. ROBBINS, M.D.
820 Arthur Godfrey Road
Miami Beach, Florida 33140**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

LAWRENCE B. ROBBINS, M.D.

Date **Nov 25, 1997**

11. 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.)

12. 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:

LAWRENCE B. ROBBINS, M.D.

Nov 25, 1997

Date

(305) 673-6164

Daytime Phone #