

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC 18 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 604049

1. Corporation Name

DARREL J. MASE JR., M.D., PA

Principal Place of Business

10335 SW 71 AVENUE  
MIAMI FL 331565

Mailing Address

10335 SW 71 AVENUE  
MIAMI FL 331565

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 33156

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 33130

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/1973

5. FEI Number

59-1492324

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	MASE JR., DARREL J.	10335 SW 71 AVENUE	MIAMI FL 33156

8. Name and Address of Current Registered Agent

MASE, DARREL J JR MD  
10335 SW 71 AVENUE  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

CURTIS MASE, ESQ.

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

BRICKELL-BAYVIEW CORP.

Suite, Apt. #, Etc.

80 S.W. 8 STREET #2700

City

MIAMI

State

FL

Zip Code

33130

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.

CURTIS  
Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 31, 2002

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.

D. JAY  
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 31, 2002 305-377-3770

CRF040 (8/02)