

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 NOV -6 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 604214

1. Corporation Name

RICHARD DELLERSON M.D., P.A.

Principal Place of Business

Mailing Address

HOLLYWOOD FIRE/RESCUE  
~~3401 HOLLYWOOD BLVD~~  
~~HOLLYWOOD FL 33021~~  
US

HOLLYWOOD FIRE/RESCUE  
~~3401 HOLLYWOOD BLVD~~  
~~HOLLYWOOD FL 33021~~  
US



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

03/16/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1516035

Applied For

Not Applicable

City & State  
HOLLYWOOD, FL

City & State  
HOLLYWOOD, FL

Zip  
33312

Country

Zip  
33312

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	DELLERSON, RICHARD S	<del>3501 JOHNSON STREET</del> 2741 STIRLING RD, 3RD FL.	HOLLYWOOD FL-33021 33312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELLERSON, RICHARD  
HOLLYWOOD FIRE/RESCUE  
3401 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

Name  
DELLERSON, RICHARD, HOLLYWOOD  
Street Address (P.O. Box Number is Not Acceptable)  
FIRE RESCUE - 2741 STIRLING RD  
Suite, Apt. #, Etc.  
3RD FLOOR  
City  
HOLLYWOOD  
State  
FL  
Zip Code  
33312

CR2E040 (8/02)

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

11/1/02

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 #

11/1/02

954-967-4593

RICHARD S. DELLERSON, M.D.  
EMERGENCY MEDICINE  
Hollywood Fire Rescue & Beach  
2741 Stirling Road, 3rd Floor  
Hollywood, FL 33312

November 1, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Document # 604214

Dear Sir:

We received a Notice of Administrative Dissolution or Revocation on November 1, 2002. After several calls to the Department of State I was informed that a notice was sent to our office informing us that a letter was sent to us in reference to incorrect information. We did not receive any such letter or notification. Perhaps because we are at a new address we did not receive any such notice.

We sincerely apologize for the inconvenience this has caused. We were informed that the fee was received.

Our new address is Hollywood Fire Rescue & Beach Safety, 2741 Stirling Road, 3rd Floor, Hollywood, Florida 33312.

Thank you for your consideration in this matter.

Very truly yours,

*R.S. Dellerson MD*

RICHARD S. DELLERSON, MD

RSD:jer