

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 13 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 604236

1. Corporation Name

ROBERT E. BOYETT M.D. PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

BOYETT, ROBERT E.  
9600 S. W. 103RD ST.  
MIAMI FL 33176  
US

8955 SW 87TH. COURT  
SUITE 214  
MIAMI FL 33176

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

03/23/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1454417

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 PD	2 BOYETT, ROBERT E	3 9600 SW 103RD STREET	4 MIAMI FL 33176
V	BOYETT, JUDY Y	9600 SW 103 STREET	MIAMI FL 33176

200009507232  
12/13/02-01057-017 \$750.00

*Boyle*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYETT, ROBERT E  
SW 103 STREET  
MIAMI FL 33176

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

*Robert E. Boyett*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/10/02  
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:

*Robert E. Boyett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/02  
10/22/02 305-279-5300

CR2E040 (8/02)