

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

#604349

1. Corporation Name

LESLIE L. MATE, M.D. P.A.

2. Principal Office Address 2701 S. BAYSHORE **3. Mailing Office Address**

DR. # 310 - M

SAME

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33133

Country

U.S.

Zip

Country

**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

LESLIE L. MATE MD PA

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

2701 S BAYSHORE DR

Suite, Apt. #, Etc.

310

City

MIAMI

State

FL

Zip Code

33133

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

Leslie L. Mate

Date

6/14/04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| SECR | ALOYSIUS BRADY MD | 10105 SW 72 ST | MIAMI FL 33173 |
| PTD | Leslie L. Mate | 2701 S. Bayshore Dr #310 | MIAMI, FL 33133 |
| | | | |
| | | | |
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10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE L. MATE MD PA

President

6/14/04

Date

305 858 1114

Daytime Phone #

FILED
04 JUN 29 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CFR2E081 (10/02)