

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JAN 23 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **637070**

**1. Corporation Name**

Dana V Wallace MD PA

**REINSTATEMENT**

**1981-2008**  
CR2E081 (12/07)

*[Handwritten signature]*

**2. Principal Office Address - No P.O. Box #**

2699 Stirling Road

Suite, Apt. #, etc.

Ste B305

City & State

Ft Lauderdale, FL

Zip

33312

Country

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/1/1980

**5. FEI Number**

59-1934585

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

Dana V Wallace MD

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

2699 Stirling Road

Suite, Apt. #, Etc.

Ste B305

City

Ft Lauderdale

State

FL

Zip Code

33312

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

*[Handwritten signature: Dana V. Wallace MD]*

Date

1/16/08

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
P	Dana V Wallace MD	1240 Sw 14th Avenue	Ft Lauderdale, FL 33312

100117641481  
02/11/08--01005--024 \*\*2937.50

**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 contained in Chapter 119, 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:

*[Handwritten signature: Dana V Wallace MD]*

Dana V Wallace MD

1/16/08

954-963-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OK Don & R



2/2

*Dana V. Wallace, M.D., P.A.*

1/16/08

TO : Michele Mulligan

We spoke today about corporation reinstatement of my Dana V. Wallace PA corporation. I have attached the summary from the sunbiz page for your reference. As I explained, I was not aware that I needed to file a renewal application yearly and pay a fee. I failed to receive any notice that this was due and was not advised by my accountant that I needed to do so. I do apologize for this oversight.

We discussed that I would like to reinstate rather than reapply. I have asked that you waive my reinstatement fee and allow me to use the fee formula that applied in 12/07 which applies to the application form that is currently being displayed on the [www.sunbiz.org](http://www.sunbiz.org) web page.

You have indicated that given the above circumstances that my total fee for reinstatement and currently owed fees thru this calendar year will be \$2937.50 and this check # 15203.

Thank you so much for your assistance in this matter.

Sincerely,

Dana V. Wallace, MD