

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REMOVED
AND
FILED

97 DEC 31 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 664504

1. Corporation Name

IKPE MEDICAL CENTER. PA

Principal Place of Business

Mailing Address

6630 BISCAYNE BLVD
MIAMI, FL. 33138-6217

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/1980
A-Ver-189

5. FEI Number

59-1974033

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	NSIDIBE IKPE; DO	6630 Biscayne Blvd Miami FL. 33138	Miami FL 33138
Secy/Asst	HELEN IKPE; RN	6630 Biscayne Blvd	Miami FL 33138

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NSIDIBE IKPE, DO
6630 Biscayne Blvd
Miami FLA 33138

Name

500002391745 - R

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

-01/06/98--01095--020

***1635.25 ***1635.25

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.

Signature of
Registered Agent

NSIDIBE IKPE

REGISTERED AGENT MUST SIGN

Date 12-10-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

NSIDIBE IKPE; DO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-97

Date

Daytime Phone #

305
7548966

CP25040 (12/96)