

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harrell

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 31 PM 4:00

DOCUMENT # F25100

**1. Corporation Name**

H. MICHAEL BASS, M.D., F.A.C.S., P.A.

**2. Principal Office Address**

4875 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 500

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

**3. Mailing Office Address**

4875 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 500

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

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

09/12/1981

**5. FEI Number**

59-2096535

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

H. MICHAEL BASS, M.D.

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

4875 N. FEDERAL HWY

Suite, Apt. #, Etc.

SUITE 500

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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\*\*\*308.75 \*\*\*308.75

**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

H. MICHAEL BASS, M.D.

REGISTERED AGENT MUST SIGN

Date JANUARY 29, 2002

**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
D/P	H. MICHAEL BASS	4875 N. FEDERAL HWY. SUITE 500	FT. LAUDERDALE, FL 33308

AD

**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:

H. MICHAEL BASS, M.D.

JANUARY 29, 2002 (954)267-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (9/01)