

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 31 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F28222

1. Corporation Name

Thomas L. Garvin, M.D., P.A.

Principal Place of Business

Mailing Address

10310 N.W. 135th Street  
Hialeah Gardens, FL 33018

REINSTATEMENT 96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10310 N.W. 135 Street

3. New Mailing Office Address, If Applicable

10310 N.W. 135 Street

4. Date Incorporated or Qualified  
To Do Business in Florida

4-2-81

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

5. FEI Number

6500530524

Applied For

Not Applicable

City & State

Hialeah Gardens FL

City & State

Hialeah Gardens FL

Zip

33018

Country

US

Zip

33018

Country

US

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Thomas L. Garvin, M.D.	10310 N.W. 135 Street	Hialeah Gardens 33018
ST	Valeria June Garvin, M.S.W.	10310 N.W. 135 Street	Hialeah Gardens 33018

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12/2/98

8. Name and Address of Current Registered Agent

Abraham L. Bassie, Esq.  
370 Minorca Ave, #12  
Coral Gables, FL 33134-4311

9. Name and Address of New Registered Agent

Name  
Abraham L. Bassie, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
370 Minorca Ave, #12

Suite, Apt. #, Etc.

Suite 12

City  
Coral Gables

State  
FL

Zip Code  
33018

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

*Abraham L. Bassie*

REGISTERED AGENT MUST SIGN

12-29-98

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas L. Garvin, M.D.*

12-29-98

Date

Daytime Phone #

265  
825-2575

CR2E040 (1/98)