

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F28339

1. Corporation Name

DAVID H. HOLT, M.D., P.A.

Principal Place of Business

%DAVID H. HOLT, 6405 N FEDERAL HWY
SUITE 100
FT. LAUDERDALE FL 33308
US

Mailing Address

%DAVID H. HOLT, 6405 N FEDERAL HWY
SUITE 100
FT. LAUDERDALE FL 33308
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2082334

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

separate check

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	HOLT, DAVID H	3200 PORT ROYALE DRIVE N, SUITE	FT LAUDERDALE FL 33308
V	HOLT, JOY V	3200 PORT ROYALE DRIVE N, SUITE	FT LAUDERDALE FL 33308

600008866676
11/07/02--01053--002 **8.75

600008866676
11/07/02--01053--001 **750.00

8. Name and Address of Current Registered Agent

HOLT, DAVID H
6405 N FEDERAL HWY STE 100
MEDICAL OFFICE COMPLEX
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

David H. Holt
REGISTERED AGENT MUST SIGN

Date

11-3-02

11. 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

David H. Holt
SIGNATURE REQUIRED

11-3-02