

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 22 PM 7:15

DOCUMENT # **F51109**

1. Corporation Name

ROBERT V. BARBARITE, M.D., P.A.

Principal Place of Business

Mailing Address

1 W. SAMPLE ROAD #203
 POMPANO BEACH FL 33064

1 W. SAMPLE ROAD #203
 POMPANO BEACH FL 33064



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

~~9663 WESTVIEW DR.~~

Suite, Apt. #, etc.

City & State

~~Cocoa Springs FL~~

Zip

~~33076~~

Country

3. New Mailing Office Address, If Applicable

~~9663 WESTVIEW DR.~~

Suite, Apt. #, etc.

City & State

~~Cocoa Springs FL~~

Zip

~~33076~~

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/01/1981

5. FEI Number

59-2134872

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 | City / State / Zip |
|----------|-----------------------------------|--|---|
| P | BARBARITE, ROBERT V | 6927 NW 65 TERR | PARKLAND FL |
| | | | 200004671352--3 -11/07/01--01068--025 ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

BARBARITE, ROBERT V., M.D.
 1 WEST SAMPLE ROAD, SUITE 203
 POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name
ROBERT V. BARBARITE, M.D.
 Street Address (P.O. Box Number is Not Acceptable)
9663 WESTVIEW DRIVE
 Suite, Apt. #, Etc.
 City
Cocoa Springs State
FL Zip Code
33076

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

10-17-01

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-01

Daytime Phone #

CREEMO (801)