

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F71596**

1. Corporation Name

**TERRENCE J. BARRY, M.D., P.A.**

Principal Place of Business

Mailing Address

7100 WEST 20TH AVE #111  
PALMETTO MEDICAL PLAZA  
HIALEAH FL 33016

7100 WEST 20TH AVE #111  
PALMETTO MEDICAL PLAZA  
HIALEAH FL 33016

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

**REINSTATEMENT 99**

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/1982

5. FEI Number

59-2168537

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	BARRY, TERRENCE J	7100 W 20TH AVE STE 111	HIALEAH FL
			200003046062--8
			-11/16/99--01082--016
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHASE, ALAN R ESQ  
9400 S. DADELAND BLVD., #600  
MIAMI FL 33156

Name SANDRA TARDUGNO

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

C/O ANGELIDES, HINDS, ET AL

Suite, Apt. #, Etc. 7100 WEST 20TH AVENUE SUITE 101

City HIALEAH, FLORIDA

State  
FL

Zip Code  
33016

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

*Signature of Sandra Tardugno*

Date Nov 1 1999

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-2-99 305-822-0401

CR2E040 (6/99)