

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97104

1. Corporation Name

Roni Sehayik M.D., P.A.

2. Principal Office Address

1983 PGA Blvd.

3. Mailing Office Address

1983 PGA Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N Palm Beach Gardens <sup>Florida</sup>

City & State

N Palm Beach Gardens FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1982

5. FEI Number

59-2212663

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

Roni Sehayik

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

1983 PGA Blvd

Suite, Apt. #, Etc.

City

North Palm Beach Gardens

State  
FL

Zip Code

33408

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

X *Roni Sehayik*

Date

12-18-02

REGISTERED AGENT MUST SIGN

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
Pres / Director	Roni Sehayik	1983 PGA Blvd	N. Palm Beach Gardens FL 33408

*R 12/18*

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: X

*Roni Sehayik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-02

Date

561-627-3327

Daytime Phone #

FILED  
02 DEC 20 PM 2:0  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 87-02

CR2E081 (9/01)