

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006668

1. Corporation Name

Perry Hookman, M.D., P.A.

2. Principal Office Address

5607 NW 26th Terr.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip
33496

Country
USA

3. Mailing Office Address

4550 Montgomery Ave.

Suite, Apt. #, etc.

Suite 775N

City & State

Bethesda, MD

Zip
20814

Country
USA

REINSTATEMENT

03-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/7/1998

5. FEI Number

52-0915376

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

Perry Hookman, M.D.

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

5607 NW 26th Terrace

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33496

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

REGISTERED AGENT MUST SIGN

Date

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
DP	Perry Hookman, M.D.	5607 NW 26th Terrace	Boca Raton, FL 33496
ST	Susan Hookman	5607 NW 26th Terrace	Boca Raton, FL 33496

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 contained in Chapter 119, 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:

Perry Hookman, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perry Hookman, M.D. 11/9/2006
Date

(301) 773-1111
Daytime Phone #

11/14