

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G56268

1. Corporation Name

DAVID L. GALBUT, M.D., P.A.

FILED

97 JUL 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2699 N.E. 191st St.
Suite #300
North Miami Beach, FL 33180

Mailing Address
2699 N.E. 191st St.
Suite #300
North Miami Beach, FL 33180

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

2. New Principal Office Address, If Applicable
4701 Meridian Ave.,
Suite, Apt. #, etc.
#402
City & State
Miami Beach, FL 33140
Zip
33140 Country
US

3. New Mailing Office Address, If Applicable
4701 Meridian Avenue
Suite, Apt. #, etc.
#402
City & State
Miami Beach, FL 33140
Zip
33140 Country
US

4. Date Incorporated or Qualified
To Do Business in Florida
9/1/83

5. FEI Number
#59-2314541
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D/P/S/ T	David L. Galbut, M.D.	4701 Meridian Ave., #402	Miami Beach, FL 33140 N. Miami Bch, FL 33180

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-07/23/97--01141--007
***1245.00 ***1245.00

8. Name and Address of Current Registered Agent

David L. Galbut, M.D.
2699 N.E. 191st Street, #300
North Miami Beach, FL 33180

9. Name and Address of New Registered Agent

Name
David L. Galbut, M.D.
Street Address (P.O. Box Number is Not Acceptable)
4701 Meridian Ave.
Suite, Apt. #, Etc.
Suite #402
City
Miami Beach, FL
State
FL
Zip Code
33140

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

SIGNATURE OF REGISTERED AGENT MUST SIGN

Date 7/18/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 L. GALBUT, M.D., PRESIDENT

7/18/98 (305) 672-3664
Date Daytime Phone #