

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 OCT 13 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08860

1. Corporation Name

MELVIN M. GROSSMAN, M.D., PA

[Handwritten signature]

2. Principal Office Address

4700 Sheridan st.

Suite, Apt. #, etc.

U

3. Mailing Office Address

4700 Sheridan st.

Suite, Apt. #, etc.

U.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/1984

5. FEI Number

59-2417063

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

Melvin M. Grossman, MD

200023770242

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

4700 Sheridan street

Suite, Apt. #, Etc.

U

City

Hollywood,

State

FL

Zip Code

33021

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

[Handwritten signature]

Date

10/21/03

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
D.	Melvin M. Grossman	4700 Sheridan st. #U	Hollywood, FL 33021

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:

[Handwritten signature]

MELVIN M. GROSSMAN, M.D., PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/03 (954) 962-6333

CR2E081 (10/02)