

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H13509**

1. Corporation Name

DEAN R. SILVER, M.D., P.A.

Mailing Address

**170 S. BARFIELD HWY
PAHOKEE FL 33476**

Principal Place of Business

**170 S. BARFIELD HWY
PAHOKEE FL 33476**

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

FILED

96 DEC 23 PM 4: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

wa96-26226

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

13685 Doctors Way

Suite, Apt. #, etc.

Suite 170

City & State

Ft. Myers, FL

Zip

33912

Country

Lee

3. New Principal Office Address, If Applicable

13685 Doctors Way

Suite, Apt. #, etc.

Suite 170

City & State

Ft. Myers, FL

Zip

33912

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1984

5. FEI Number

59-2421294

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDS	SILVER, DEAN R.	2880 10TH AVENUE NORTH 13685 Doctors Way, #170	LAKE WORTH FL Ft. Myers, FL 33912
			000002036710-0
			-12/24/96--01067--003
			****775.00 ****775.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**SILVER, DEAN R.
170 SOUTH BARFIELD HWY
SUITE 107
PAHOKEE FL 33476**

9. Name and Address of New Registered Agent

Name

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

13685 Doctors Way

Suite, Apt. #, Etc.

Suite 170

City

Ft. Myers,

State

FL

Zip Code

33912

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

Dean R. Silver MD

REGISTERED AGENT MUST SIGN

Date

12/10/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Dean R. Silver MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/27/96 768 8448