

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Oct 17, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT-# **H57176**

1. Corporation Name

**JAMES D. HAGEN O.D., P.A.**

Principal Place of Business

C/O JAMES D. HAGEN. O.D.  
12979 SW 112TH ST  
MIAMI FL 33186

Mailing Address

C/O JAMES D. HAGEN. O.D.  
12979 SW 112TH ST  
MIAMI FL 33186



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/14/1985**

5. FEI Number

**59-2545788**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HAGEN, JAMES D., O.D.	12979 SOUTHWEST 112 STREET	MIAMI FL

**500023870535**  
**10/17/03--01022--009 \*\*150.00**

8. Name and Address of Current Registered Agent

HAGEN, JAMES D., O.D.  
12979 SW 112TH ST  
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/13/03* *3053863987*  
Daytime Phone #

CR2E040 (7/03)

Dr. James D. Hagen  
12979 SW 112<sup>th</sup> St.  
Miami, Fl. 33186  
305-386-3937

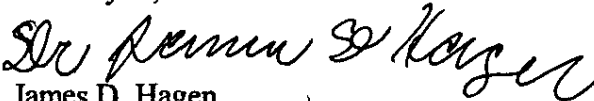
October 13, 2003

To Whom It May Concern;

I have had my corporation since 1985 and have never had any penalties or fines. As in all prior years I had mailed my \$150.00 fee on time and thought it was paid. On Friday, Oct. 10, 2003 I received this notice that I have not paid. This was a surprise to me. On reviewing my bank account I found that my check was never cashed. I am asking for your indulgence and wave the penalty and re-active my corporation.

James D. Hagen O.D., P.A.  
59-2545788

Thank you,

  
Dr. James D. Hagen