

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J09117

1. Corporation Name

Mitchel Osman, M.D., P.A.

2. Principal Office Address

7801 S.W. 53 Ct.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

617 E. Broadway

Suite, Apt. #, etc.

City & State

Mt. Pleasant, MI

Zip

48858

Country

USA

REINSTATEMENT 98-03

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

04/14/86

5. FEI Number

592650488

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

Jackie Osman Crabill

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

7801 S.W. 53 Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

Jackie Osman Crabill

Date

9/9/03

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/P	Mitchel Osman, M.D.	1212 Fairfield	Mt. Pleasant, MI 48858

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Date

(989) 772-9490

Daytime Phone #

CR2E081 (10/02)