

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

03 OCT 17 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J24658

1. Corporation Name

YEHUDA FISHFELD, M.D., P.A.

Principal Place of Business

450 W HILLSBORO BLVD
DEERFIELD EBACH FL 33441
US

Mailing Address

6090 NW 23 TERR.
BOCA RATON FL 33496



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1986

5. FEI Number

59-2691773

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	FISHFELD, YEHUDA	450 W HILLSBORO BLVD	DEERFIELD BEACH FL

600023915596
10/17/03--01091--016 **750.00

8. Name and Address of Current Registered Agent

BOND, JOHN
7061 TAFT ST.
HOLLYWOOD FL 33024

9. Name and Address of New Registered Agent

Name

Andrea Fishfeld

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

6090 NW 23 Terrace

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

561-241-9063

CR2E040 (7/03)