

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAR -7 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 29943

1. Corporation Name

ARLEEN E. RICHARDS, MD PA

200093729452
03/19/07--01032--017 **1058.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

815 SOUTH UNIVERSITY DR. 815 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, etc.

#101

3. Mailing Office Address

815 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, etc.

#101

City & State

PLANTATION

City & State

PLANTATION

Zip

33324

Country

U.S.

Zip

33324

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1986

5. FEI Number

59-2691318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARLEEN E. RICHARDS, MD

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

9522 NW 8th CIRCLE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Arleen E. Richards, MD

Date 3/05/07

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
PRES.	ARLEEN RICHARDS	9522 NW 8th CIRCLE	PLANTATION FL 33324

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 contained in Chapter 119, 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: Arleen E. Richards, MD / ARLEEN E. RICHARDS, MD 3/5/07 954-562-6013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #