PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 SEP 20 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J30772

1. Corporation Name
ROBERT A. FREEDMAN, M.D., P.A.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9300 BAY DRIVE		9300 BAY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
SURFSIDE FL		SURFSIDE FL	
Zip	Country	Zip	Country
33154	US	33154	US

4. Date Incorporated or Qualified To Do Business In Florida 08/28/1986

5. FEI Number 592694781 ☐ 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: FREEDMAN, ROBERT A

Street Address (P.O. Box Number is Not Acceptable): 9300 BAY DRIVE

Suite, Apt. #, Etc.:

City: SURFSIDE State: FL Zip Code: 33154

REINSTATEMENT

SEP 20 2012

R. HUNT

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Kristine Roy, as Attorney-in-Fact Date: 09/20/2012
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
PDS	FREEDMAN, ROBERT A.	9300 BAY DRIVE	SURFSIDE FL 33154
DVT	FREEDMAN, RANDY	9300 BAY DRIVE	SURFSIDE FL 33154

10. **E-mail Address:** dinarochel770@bellsouth.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I further certify that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Kristine Roy, as Attorney-in-Fact 09/20/2012 (561)694-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6384

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Phone : (561)694-8107
Fax Number : (561)694-1639

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CORPORATION REINSTATEMENT
ROBERT A. FREEDMAN, M.D., P.A.

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