

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K08749

1. Corporation Name

DAVID F. HASKIN MD, PA

2. Principal Office Address

805 MESSINA AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

3. Mailing Office Address

805 MESSINA AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

600008552336
10/23/02--01106--001 **\$900.00

REINSTATEMENT

01/02

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

12/23/87

5. FEI Number

65-0035739

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

DAVID F. HASKIN, MD

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

805 MESSINA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code
33134

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

David F. Haskin

REGISTERED AGENT MUST SIGN

Date

10/18/02

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
P, D	DAVID F. HASKIN, MD	805 MESSINA AVENUE	CORAL GABLES, FL 33134

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:

David F. Haskin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/02

Daytime Phone #

CR2E081 (9/01)