

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 26 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K27217**

1. Corporation Name

Nelson A. Terzian, M.D., P.A.

2. Principal Office Address

99198 Overseas Hwy

Suite, Apt. #, etc.

Suite 5

City & State

Key Largo FL

Zip

33037

Country

Monroe

3. Mailing Office Address

PO Box 2668

Suite, Apt. #, etc.

City & State

Key Largo FL

Zip

33037

Country

Monroe

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

65-0057755

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

Nelson A. Terzian, M.D.

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

99198 Overseas Hwy

Suite, Apt. #, Etc.

Suite 5

City

Key Largo

State

FL

Zip Code

33037

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

N Terzian

REGISTERED AGENT MUST SIGN

Date

3/19/03

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.	Nelson A Terzian MD	99198 Overseas Hwy	Ste 5, Key Largo FL 33037

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:

N Terzian

Nelson A Terzian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/03

Daytime Phone #

**305
451-1108**

CR2E081 (10/02)