

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -7 PM 12:23

DOCUMENT # **K46339**

1. Corporation Name

ATLANTIC SURGICAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1 WEST SAMPLE ROAD
SUITE 102
POMPANO BCH. FL 33064

1 WEST SAMPLE ROAD
SUITE 102
POMPANO BCH. FL 33064

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

REINSTATEMENT 01-02

05-23-01 90482 001 \$200.00 - \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1988

5. FEI Number

65-0081787

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
D	ROSEN, HAROLD H.	1 WEST SAMPLE RD.	POMPANO BEACH FL

280004915202-
-02/13/02--01065-01
****750.00 ****750

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAMER, ROBERT M.
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

[Handwritten signature]
REGISTERED AGENT MUST SIGN

Date

2/4/02

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.

[Handwritten signature]
HAROLD H. ROSEN

SIGNATURE:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/02 (954) 782-2442

CR2040 (8/01)