

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAR 20 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** K67475

**1. Corporation Name**

Matthew C. Deutscher, M.D., P.A.

**2. Principal Office Address**

4399 Nob Hill Road

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Zip

33351

Country

Zip

Country

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

2/17/89

**5. FEI Number**

65-0103454

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

9201

**7. Name and Address of Current Registered Agent**

Name

Matthew C. Deutscher, M.D.

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

7521 E. Cypress Head Drive

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067-1619

**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

REGISTERED AGENT MUST SIGN

Date

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D      | Matthew C. Deutscher                 | 7521 E. Cypress Head Dr.                          | Parkland, FL 33067 |
|        |                                      |   | 118                |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-746-1501

Daytime Phone #

CR2E081 (9/00)