

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K67856**

1. Corporation Name
DR. ALAN SMITH, P.A.

FILED

96 DEC 27 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1251 UNIVERSITY DR.
CORAL SPRINGS FL 33071**

Mailing Address
**1251 UNIVERSITY DR.
CORAL SPRINGS FL 33071**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/23/1989	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0110074	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	SMITH, ALAN	1251 UNIVERSITY DR.	CORAL SPRINGS FL 33071
			100002046321--1 -01/06/97--01013--009 ****138.75 ****138.75
			100002046321--1 -01/06/97--01013--010 ****236.25 ****236.25

REINSTATEMENT

12/30/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WICHINSKY, GLENN E ESQ. 1200 N. FEDERAL HWY. SUITE 200 BOCA RATON FL 33432		Name ALAN J SMITH Street Address (P.O. Box Number is Not Acceptable) 1251 UNIVERSITY DRIVE Suite, Apt. #, Etc. City CORAL SPRINGS State FL Zip Code 33071	

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 **REGISTERED AGENT MUST SIGN** Date **10/7/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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.E. 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: **REQUIRED** Date **10/7/96 (854) 752 6679** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (7/96)