PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 DEC 28 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94558

1. Corporation Name

HORACIO H. SCHLAEN, M.D., P.A.

Principal Place of Business	Mailing Address
1150 N. 35TH AVE. SUITE 490 HOLLYWOOD FL 33021 US	1150 N. 35TH AVE SUITE 490 HOLLYWOOD FL 33021 US

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
3540 N. 55TH AVENUE	3540 N. 55TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/12/1989

5. FEI Number: 65-0130626 ☐ 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)

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
DPS	SCHLAEN, HORACIO H.	~~1150 N. 35TH AVE. SUITE 490~~ 3540 N. 55TH AVENUE	HOLLYWOOD FL 33021
		REINSTATEMENT 98 TS 12/29/98	
			800002733628--0 -01/07/99--01080--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCHLAEN, HORACIO H., M.D., P.A.
1150 N. 35TH AVE.
SUITE 490
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 3540 N. 55TH AVENUE

Suite, Apt. #, Etc.

City: HOLLYWOOD State: FL Zip Code: 33021

CR2E040 (9/98)

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: SIGNATURE REQUIRED Date:
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-989-3053
Daytime Phone #

0016580 AF