

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L13768

1. Corporation Name

BARBARA E. SMITH, M.D., P.A.

Principal Place of Business

Mailing Address

5800 COLONIAL DR.  
SUITE 104  
MARGATE FL 33063

5800 COLONIAL DR.  
SUITE 104  
MARGATE FL 33063

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/1989

5. FEI Number

65-0160266

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SMITH, BARBARA E., M.D	5800 COLONIAL DR., SUITE 104	MARGATE FL

600004679276--2  
11/14/01-01083-020  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, BARBARA E.  
5800 COLONIAL DR  
SUITE 104  
MARGATE FL 33063

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

SIGNATURE REQUIRED  
*Barbara E. Smith*

REGISTERED AGENT MUST SIGN

Date 10-22-01

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.

SIGNATURE:

*Barbara E. Smith* BARBARA E. SMITH, M.D. 10/22/01 (954) 978-8326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #