

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L50733**

1. Corporation Name

FRANTZ BAZILE, M.D., P.A.

Principal Place of Business

6464 N. MIAMI AVE.
MIAMI FL 33161

Mailing Address

6464 N. MIAMI AVE.
MIAMI FL 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1990

5. FEI Number

36-3330273

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
DP	BAZILE, FRANTZ	6464 N MIAMI AVE	MIAMI FL 33161

900024253709

10/29/03--01053--028 **150.00

8. Name and Address of Current Registered Agent

~~BRYAN L. SCHEFFOLD-H.~~
~~847 NW 119TH ST~~
~~SUITE 205~~
~~MIAMI FL 33184~~

9. Name and Address of New Registered Agent

Name **REYNOLD DUCLAS**
Street Address (P.O. Box Number is Not Acceptable)
701 Promenade Dr. Ste 210
Suite, Apt. #, Etc.
City **PEMBROKE PINES** State **FL** Zip Code **33026**

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. or 617.0505, F.S.

Signature of
Registered Agent

Reynold Duclas
REGISTERED AGENT MUST SIGN

Date **10.24.03**

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:

FRANTZ BAZILE, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 10.24.03

305 1756-8890

CR2E040 (7/03)

October 24, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: Doc L50733

Dear Sir:

This letter is to let you know that it was a surprise to acknowledge that a first notice to pay was sent to me for filing the UBR of my Corporation. I have never received that first notice.

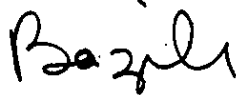
I also have never changed the address of my corporation and I also thought that the renewal fee was on a yearly basis.

I have attached to this letter a check for the amount of 150.00 dollars, which I hope will be applied to the current year. Please update your file with my correct address and hopefully that will allow me to get your correspondence on time in the future.

The name and address of the new registered agent is Reynold DUCLAS 701 Promenade Drive Suite 210, Pembroke Pines FL 33026

I thank you very much for your understanding.

Sincerely,



Frantz Bazile, M.D.
President of Frantz Bazile, M.D., P.A.