

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV -9 PM 2:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700112460747
11/20/07--01034--014 **\$600.00

DOCUMENT # **L51070**

1. Corporation Name

Joseph F. Seber, M.D., P.A.

REINSTATEMENT

CR2E081 (1/07)

0407

2. Principal Office Address - No P.O. Box # 16870 NE 19th Ave.		3. Mailing Office Address 16870 NE 19th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. Miami Beach, FL		City & State N. MIAMI BEACH FL	
Zip 33162	Country USA	Zip 33162	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **02/19/1990**

5. FEL Number
65-0171911

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Joseph F. Seber

Street Address (P.O. Box Number is Not Acceptable)
16870 NE 19th Ave.

Suite, Apt. #, Etc.

City
N. Miami Beach, FL

State
FL

Zip Code
33162

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Joseph F. Seber*

Date **11/1/2007**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Joseph F. Seber	16870 NE 19th Ave.	N. Miami Beach, FL 33162

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 contained in Chapter 119, 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: *Joseph F. Seber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/2007
Date

305-947-1466
Daytime Phone #