

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 24 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M39890

1. Corporation Name

Robert P. DerHagopian, M.D., P.A.

500115996155
01/24/08--01025--018 **1350.00

REINSTATEMENT 00-08

2. Principal Office Address - No P.O. Box #

7000 S.W. 62 Avenue

Suite, Apt. #, etc.

P H-B

City & State

South Miami, Florida

Zip

33143

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/10/1986

5. FEI Number

59-2762805

☐ 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

Robert P. DerHagopian

Street Address (P.O. Box Number is Not Acceptable)

7000 S.W. 62 Avenue

Suite, Apt. #, Etc.

P H-B

City

South Miami

State

FL

Zip Code

33143



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

Robert P. DerHagopian

REGISTERED AGENT MUST SIGN

Date 01/18/2008

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
Pres.	Robert P. DerHagopian	7000 S.W. 62 Avenue, P H-B	South Miami, Florida 33143

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:

Robert P. DerHagopian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/2008

Date

305-662-2466

Daytime Phone #

2001/29