

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 6 AM 11:03

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REINSTATEMENT

99-00

DOCUMENT # Roger L. Walker, M.D. + Associates, P.A.

1. Corporation Name

Principal Place of Business
1380 Miami Gardens Dr.
Ste 255
N. Miami Beach, FL 33179

Mailing Address

M61642

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

2. New Principal Office Address, If Applicable

1380 Miami Gardens Dr.

Suite, Apt. #, etc.

255

City & State

N. Miami Beach, FL

Zip

33179

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/29/87

5. FEI Number

650014240

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D,P	Goodman, James R. DR.	11120 Griffing Blvd Miami, FL 33161	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Scott Alan Orth c/o Law Office of Scott Alan Orth
Street Address (P.O. Box Number is Not Acceptable)
1380 Miami Gardens Drive
Suite, Apt. #, Etc.
255
City
N. Miami Beach
State
FL
Zip Code
33179

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]

REGISTERED AGENT MUST SIGN

Date

9/25/00

11. This corporation owes 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/00

Date

305.945.9290

Daytime Phone #

CR2E081 (2/98)

LAW OFFICES OF SCOTT ALAN ORTH

1380 Miami Gardens Drive, Suite 255
N. Miami Beach, Florida 33179
Dade (305)945-7290 Brwd. (954)524-2614
Fax (305)945-9668

***SCOTT ALAN ORTH, ESQ.
JOHN L. PENSON, ESQ.
BENNY PROTANO, J.D.***

November 13, 2000

Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

Re: Roger L. Walker, M.D. & Associates, P.A.

Dear Sir or Madam:

Enclosed please find a completed Application for Reinstatement.

Please withdraw from the corporate account of the Law Office of Scott Alan Orth, account number 119990000205 the appropriate amount for the reinstatement.

Thank you for your assistance in this matter.

Very truly yours,


Scott Alan Orth

SAO/pre

Enclosure (1)

MADE Payment from
EFILE account DUE
TO CLOSING OF THE
account. 12/16