

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 13 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64646

1. Corporation Name

Carey Green MD PA

2. Principal Office Address

5975 Sunset Dr.

Suite, Apt. #, etc.

501

City & State

South Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

5975 Sunset Dr.

Suite, Apt. #, etc.

501

City & State

South Miami, FL

Zip

33143

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/12/1988

5. FEI Number

65-0022658

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

Charles Jones

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

9900 SW 168 ST

Suite, Apt. #, Etc.

9

City

MIAMI

State

FL

Zip Code

33157

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

Charles Jones

REGISTERED AGENT MUST SIGN

Date 1/8/2004

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
P/S/T	Carey Green	13856 SW 67 PL	Palmetto Bay, Florida 33158

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 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:

Carey Green MD

CAREY GREEN MD

1/8/2004

305-665-0881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)