

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M67316

1. Corporation Name

DAVID MAFDALI, DPM, PA.

2. Principal Office Address

20901 NE 21 AVE

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH

Zip

33179

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

2/4/88

5. FEI Number

65-0038874

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

DR DAVID MAFDALI

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

20901 NE 21 AVE

Suite, Apt. #, Etc.

City

N. MIAMI BEACH

State
FL

Zip Code

33179

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/25/01

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

DAVID MAFDALI

20901 NE 21 AVE

N. MIAMI BEACH
FLORIDA 33179

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-05/21/01--01203--011

****300.00 ****300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/01 305 937 2112

Daytime Phone #

CR2E081 (9/00)

DAVID MAFDALI, D.P.M., F.A.C.F.A.S.*
~~SCOTT E. BERNSTEIN, D.P.M., A.A.C.F.A.S.*~~

Podiatry • Foot Surgery
Medicine and Surgery of the Foot and Leg

2652
* Diplomate, American Board of
Podiatric Surgery

* Fellow, American College of
Foot and Ankle Surgeons

+ Associate, American College of
Foot and Ankle Surgeons

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

4-19-2001

Dear Sirs;

Regarding my corporation (65-0038847) David Mafдали D.P.M., PA.- which was inadvertently dissolved on 9-22-00- please re-instate the corporation as I never received the annual report. As per my conversation with Marquita, it was returned to the Post Office. Please waive the penalty. I have enclosed a check for \$300.00 to cover years 2000 and 2001 along with the report.

Thank you for your understanding.

Also the correct address is: David Mafдали, D.P.M., PA.
20901 Northeast 21st. Avenue
North Miami Beach, Florida 33179

Sincerely,


David Mafдали