


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **M72780**

1. Corporation Name

**MICHAEL P BUSTIN, M.D., P.A.**

Principal Place of Business

Mailing Address

**1321 NW 14th St #202  
MIAMI, FL 33125**

**1321 NW 14th St #202  
MIAMI, FL 33125**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**3/21/88**

**1986**

5. FEI Number

**65-0036675**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>P</b>	<b>MICHAEL P. BUSTIN MD</b>	<b>1321 NW 14th St #202 MIAMI, FL 33125</b>	<b>MIAMI, FL 33125</b>

**100048982591  
03/23/05--01011--004 \*\*2580.00**

**Brisk**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MICHAEL P BUSTIN MD**

Name

**12750 RED RD**

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

**CORAL GABLES, FL 33156**

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**Michael P Bustin MD**

REGISTERED AGENT MUST SIGN

Date

**3/14/15**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

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:

**Michael P Bustin MD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/15**

Date

**305 545-0095**

Daytime Phone #

CR20040 (12/96)