

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 25 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 06633*

1. Corporation Name

*DELMAY MEDICAL CENTER OFFICE
CONDOMINIUM ASSOCIATION III, INC.*

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

5162 LINTON BLVD

Suite, Apt. #, etc.

#201

City & State

DELMAY BEACH FL

Zip

33484

Country

USA

3. Mailing Office Address

P.O. Box 6286

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33427-6286

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/84

5. FEI Number

59 276 3377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-07

7. Name and Address of Current Registered Agent

Name

GLORIA O. NORTH

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

5301 N. Federal Hwy #380

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33437

☐ 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

Gloria O. North

Date *7/16/07*

REGISTERED AGENT MUST SIGN

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
D/P	DR. STUART FRIEDMAN	5162 LINTON BLVD #201	DELMAY BEACH, FL 33484
D/S/T	DR. FAYVA LURIE	5162 LINTON BLVD. #103	DELMAY BEACH, FL 33484
D/VP	MR. DAVID WITT	5162 LINTON BLVD. #105	DELMAY BEACH, FL 33484

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:

Stuart A. Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07

Date

561-999-8890

Daytime Phone #

STUART A. FRIEDMAN