

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 28 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000002029

1. Corporation Name

ROXANA DAMIAN, M.D., P.A.

**REINSTATEMENT** 01-04  
200039656452  
07/28/04--01065--004 \*\*600.00 WOP

2. Principal Office Address (NEW)  
3355 BURNS ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#305

Suite, Apt. #, etc.

City & State

P.BEACH GARDENS, FL

City & State

Zip

33410

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/00

5. FEI Number

65-0972640

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

ROXANA DAMIAN

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

3355 BURNS ROAD

Suite, Apt. #, Etc.

#305

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Roxana Damian

Date

07/15/04

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES.  | ROXANA DAMIAN                        | 3355 BURNS RD.                                    | PBG, FL, 33410     |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

Roxana Damian - 07/15/04 - 7997929 (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)