

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 26 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000037343

1. Corporation Name

FERNANDO C. MALAMUD, M.D., P.A.

2. Principal Office Address

2202 State Avenue

Suite, Apt. #, etc.

Suite 111

City & State

Panama City, FL

Zip

32405

Country

USA

3. Mailing Office Address

2202 State Avenue

Suite, Apt. #, etc.

Suite 111

City & State

Panama City, FL

Zip

32405

Country

USA

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

04/13/2000

5. FEI Number

593639869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Fernando C. Malamud, M.D.

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

2202 State Avenue

Suite, Apt. #, Etc.

Suite 111

City

Panama City

State

FL

Zip Code

32405

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

REGISTERED AGENT MUST SIGN

Date 3/14/03

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
PD	Fernando C. Malamud	2202 State Ave., Suite 111	Panama City, FL 32401

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

3/14/03

Date

Daytime Phone #

(850) 784-9977
284-9977

CR2E081 (9/01)