

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000105622

1. Corporation Name

DR. CRAIG WHITE, D.O., P.A.

Principal Place of Business

9714 N.W. 18 PLACE  
PLANTATION FL 33322

Mailing Address

9714 N.W. 18 PLACE  
PLANTATION FL 33322

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

11/09/2000

5. FEI Number

65-1064976

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a 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 3	City / State / Zip 4
D	WHITE, CRAIG D.O.	9714 N.W. 18 PLACE	PLANTATION FL 33322

000004745480-6  
-12/31/01--01080--021  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

WHITE, CRAIG D.O.  
9714 N.W. 18 PLACE  
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name

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

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

REGISTERED AGENT MUST SIGN

Date

12/13/01

11. 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

12/13/01

Daytime Phone #

954 614 4713

CR2000 (801)

November 6, 2001



Certified Public Accountants

Florida Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Dr. Craig White DO PA  
Document Number P00000105622

Gentlemen:

In the process of performing our clients semi-annual services, we realized they had not paid their 2001 Annual Report Fee. According to the client, they never received their 2001 Uniform Business Report. Therefore, we are now submitting a check for \$150.00, and respectfully request that you accept it as being filed in a timely manner without penalty.

Thank you for your time and courtesy in this matter.

Sincerely,

SCHAIN AND COMPANY, CPA'S

By: Ronald D. Schain

RDS/mrs  
Enclosure

Cc: Dr. Craig White