

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 26 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115833

1. Corporation Name

STEVEN L. WARSHALL, M.D., P.A.

Principal Place of Business

Mailing Address

~~3885 BURNS ROAD~~
~~SUITE 110~~
~~PALM BEACH GARDENS FL 33410~~

3885 BURNS ROAD
SUITE 110
PALM BEACH GARDENS FL 33410

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.

Suite 202

City & State

4700 Congress Ave

City & State

FL 33407

Country

US

City & State

Palm Beach Gdns FL

City & State

Zip

33420-0111

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2000

5. FEI Number

65-1061963

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	WARSHALL, STEVEN L MD	3885 BURNS ROAD SUITE 110 1108 Rainwood Circle	PALM BEACH GARDENS FL 33410 33410

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Steven Warshall, MD
Street Address (P.O. Box Number is Not Acceptable)
1108 Rainwood Circle
Suite, Apt. #, Etc.
City Palm Beach Gardens State FL Zip Code 33410

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/10/02

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

Daytime Phone #

12/10/02 (561) 848-2254

CR2040 (8/02)