

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 AUG 15 AM 8:21

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116452

1. Corporation Name

MICHAEL J. MELLMAN, M.D., P.A.

700007168897--5

-08/16/02--01031--016

*****308.75 *****308.75

2. Principal Office Address

10075 JOG ROAD

Suite, Apt. #, etc.

207

City & State

BOYNTON BEACH, FL.

Zip

33437

Country

USA

3. Mailing Office Address

10075 JOG ROAD

Suite, Apt. #, etc.

207

City & State

BOYNTON BEACH, FL.

Zip

33437

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

5. FEI Number

65-0308504

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL J. MELLMAN

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

10075 JOG ROAD

Suite, Apt. #, Etc.

207

City

BOYNTON BEACH

State

FL

Zip Code

33437

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

8/10/02

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
P/D	MICHAEL J. MELLMAN	10075 JOG ROAD	BOYNTON BEACH, FL. 33437

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

Date

Daytime Phone #

8/10/02 861 3748969

CR2E081 (9/01)