

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 PM 3:32

DOCUMENT # P010000063370
1. Corporation Name DAVID B. ROSS M.D., P.A.
TAX I.D.# 65-1067856

REINSTATEMENT 02-04

600027248336
01/20/04--01006--017 **1050.00

2. Principal Office Address 4101 N.W 4TH STREET
Suite, Apt. #, etc. SUITE 208
City & State PLANTATION, FL
Zip 33317 Country U.S.A.

3. Mailing Office Address 4101 N.W 4TH STREET
Suite, Apt. #, etc. SUITE 208
City & State PLANTATION, FL
Zip 33317 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 01-02-01

5. FEI Number 65-1067856 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 DAVID B. ROSS M.D.
Street Address (P.O. Box Number is Not Acceptable) 13110 MUSTANG TRAIL
Suite, Apt. #, Etc.
City FT LAUDERDALE State FL Zip Code 33330

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 David B. Ross Date 1-14-04
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRESIDENT (DP)</u>	<u>M.D. DAVID B. ROSS</u>	<u>13110 MUSTANG TRAIL</u>	<u>FT LAUDERDALE FL 33330</u>

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: David B. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04 954-587-4300
Date Daytime Phone #

CP2E081 (10/02)

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