

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000008644

1. Corporation Name

GORDON G. SOUAID, M.D., P.A.

Principal Place of Business

406 HOLIDAY DR.  
HALLANDALE FL 33009

Mailing Address

406 HOLIDAY DR.  
HALLANDALE FL 33009



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2001

5. FEI Number

65-1086632

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	SOUAID, GORDON G	406 HOLIDAY DR.	HALLANDALE FL 33009
			000008643970 10/29/02--01031--020 **61.25
			000008643970 10/29/02--01031--021 **8.75
			000008643970 12/10/02--01073--009 **80.00

8. Name and Address of Current Registered Agent

SOUAID, GORDON G  
406 HOLIDAY DR.  
HALLANDALE FL 33009

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/13/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305)  
933-  
3170  
10/13/02

CF2E040 (8/02)

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GORDON G. SOUAID, M.D., FACP, FACG

GASTROENTEROLOGY AND GASTROINTESTINAL ENDOSCOPY

Diplomate, American Board of Internal Medicine Diplomate, Subspecialty of Gastroenterology

CONCORDE CENTER II  
2999 N.E. 191 STREET, SUITE 300  
AVENTURA, FLORIDA 33180  
FAX (954) 456-5019  
(305) 933-3170

1740 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FLORIDA 33009  
FAX (954) 456-5019  
(305) 933-3170

October 21, 2002

**RE: WAIVER OF REINSTATEMENT FEE**

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Dear Sirs,

I just received my notice of corporate dissolution and would like to request a **waiver of reinstatement, as I never received the original corporate report form.** I have enclosed \$61.25 for the annual report.

Thank you for your kind consideration.

Sincerely yours,

  
Gordon G. Souaid, M.D., P.A.

406 Holiday Drive  
Hallandale, Florida 33009  
Document number: P01000008644  
Date of Incorporation: 1-1-2001

GGs/hh