

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

06 MAY 16 PM 1:35

DOCUMENT # P01000021620

1. Corporation Name

Ricardo Budjak, M.D., P.A.

2. Principal Office Address

2574 Herschel Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

Duval

3. Mailing Office Address

2574 Herschel Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

Duval

REINSTATEMENT

03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2001

5. FEI Number

59-3690281

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

Ricardo Budjak

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

4185 Venetia Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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

5/11/06

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
D	Ricardo Budjak	4185 Venetia Blvd JAX, FL 32210	Jacksonville FL 32210

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 contained in Chapter 119, 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:

Ricardo Budjak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/11/06

Daytime Phone #

904) 346-1961