

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052970

1. Corporation Name

DR. JACOB SMALL, P.A.

Principal Place of Business

12901 SW 147 LANE RD
MIAMI FL 33186

Mailing Address

12901 SW 147 LANE RD
MIAMI FL 33186

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

05/29/2001

5. FEI Number

65-1103202

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1
DR.

SMALL, JACOB

12901 SW 147 LANE RD

MIAMI FL 33186

100003599581
10/25/02--01108--005 **150.00

R10/30

8. Name and Address of Current Registered Agent

SMALL, JACOB
12901 SW 147 LANE RD
MIAMI FL 33186

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

10/22/02

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

10/22/02 305.931-0386
Date Daytime Phone #

CR2E040 (8/02)

DR. JACOB SMALL, P.A.

12901 SW 141 Lane Rd
Miami, Florida 33186
305-431-0386 Fax 305-835-4127

Tuesday, October 22, 2002

Florida Department of State
Division of Corporations

~~PO Box 6327~~
Tallahassee, Florida 32314

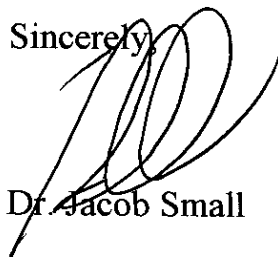
Re: Reinstatement of corporation

Dr. Jacob Small, P.A. was incorporated in the middle of the year 2001. On my word as a business man and a doctor, I truly did not receive any uniform business report (UBR) forms or letters in the year 2002. Thus, I am seeking reinstatement for my corporation.

If you should need further information or have questions, please feel free to call me at 305-431-0386.

Thinking you in advance for you assistance in helping me resolve this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'Dr. Jacob Small', written over the word 'Sincerely,'.

Dr. Jacob Small