

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 4: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p01000122466

1. Corporation Name

Leonard J. Simon, M.D., P.A.

2. Principal Office Address - No P.O. Box #

9333 SW 152 Ave.

3. Mailing Office Address

8950 SW 57 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Pinecrest FL

Zip

33157

Country

USA

Zip

33156

Country

USA

900145935619

03/16/09--01034--022 \*\*1058.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida 12/31/2001

5. FEI Number

651157617

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

Leonard J. Simon

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

8950 SW 57 Ave.

Suite, Apt. #, Etc.

City

pinecrest

State

FL

Zip Code

33156

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 2/28/09

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/v/d	Leonard J. Simon	9333 SW 152 Ave.	Miami FL 33157

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:

Leonard J. Simon

2/28/09

786-271-7227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #