

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

05 DEC 22 AM 8:41

DOCUMENT # P02000000482

1. Corporation Name

Tamora Carter Bynoe, M.D., P.A.

2. Principal Office Address

8537 NW 60th Court

Suite, Apt. #, etc.

City & State

Parkland, FL 33067

Zip

33067

Country

U.S.A.

3. Mailing Office Address

8537 NW 60th Court

Suite, Apt. #, etc.

City & State

Parkland, FL 33067

Zip

33067

Country

U.S.A.

**REINSTATEMENT**  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1- 2- 2002

5. FEI Number  
26-0000310

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

Tamora C. Bynoe, M.D.

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

8537 NW 60th Court

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

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

*Tamora C. Bynoe, M.D.*

REGISTERED AGENT MUST SIGN

Date 12/20/05

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	Tamora C. Bynoe, M.D.	8537 NW 60th Court	Parkland, FL 33067

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:

*Tamora C. Bynoe, M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/05

Date

954-856-6911

Daytime Phone #

112

04-09

12/23/05

2/2

December 20, 2005

To: Department of State  
From: Tamora Carter Bynoe, M.D.  
Re: Waiving the corporation reinstatement Fee

To Whom It May Concern:

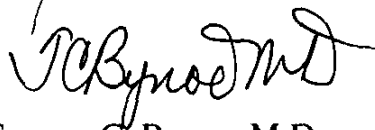
I request that you waive the reinstatement fee for **Tamora Carter Bynoe, M.D., P.A. ( document# P02000000482)** because I never received the annual report renewal form. The incorrect address is listed as the principal and mailing address in your records. Enclosed is a check in the amount of \$300. This is the amount that I was told to send when I called your office today at 11:50 am.

Please change the address in your records to:

Tamora Carter Bynoe, M.D., P.A.  
8537 NW 60th Court  
Parkland, FL 33067

Thank you for help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'TC Bynoe MD', written in a cursive style.

Tamora C. Bynoe, M.D.  
President