

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03-04**

900029739659  
03/03/04--01004--008 \*\*150.00

900029739659  
03/03/04--01004--007 \*\*150.00

DOCUMENT # P 02 00000 9678

1. Corporation Name

Broward Injury Associates, Inc.

2. Principal Office Address

2625 Exec. Prk Dr.

Suite, Apt. #, etc.

Suite 3B

City & State

Weston FL

Zip

33331

Country

USA

3. Mailing Office Address

PO BOX 266654

Suite, Apt. #, etc.

City & State

Weston FL

Zip

33326

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/28/02

5. FEI Number

13-4271503

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

Samilow Steven F.

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

2645 Executive Park Drive

Suite, Apt. #, Etc.

Suite 115

City

Weston

State

FL

Zip Code

33331

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/6/04

**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
PD	Michael Zoldan	2625 Exec. Prk Dr.	Weston, FL 33331
V	Ismael Londron M.D.	2625 Exec Prk Dr.	Weston FL 33331

10. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Zoldan

Date

1/5/04

Daytime Phone #

954-349-1777

CR2E081 (01/04)

23

**Broward Injury Associates, Inc.**

PO Box 266654  
Weston, FL 33326  
954-349-1777

December 21, 2003

Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314

Re: Broward Injury Associates, Inc.  
Application for Reinstatement  
Document Number: P02000009678  
FEI Number: 13-4271503

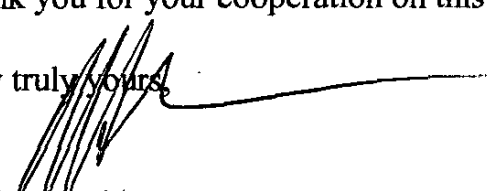
This letter is in reference to the above described company. The company had recently received a Certificate of Administrative Dissolution from the Florida Department of State For failure to file the 2003 Corporation Annual Report / Uniform Business Report.

We respectfully request that you waive the \$600 penalty assessed, as the company did not receive the Report.

Enclosed with this letter is a signed Application for Reinstatement along with two checks of \$150 each for the UBR fees of 2003 and 2004.

Thank you for your cooperation on this matter.

Very truly yours,

  
Michael Zoldan  
President