

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 SEP 20 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000024702

1. Corporation Name

ROBERT A. MATTHEWS OMD, P.A.

2. Principal Office Address

811 S. BABCOCK BL.

Suite, Apt. #, etc.

City & State

MELBORNE, FL.

Zip

32901

Country

USA

3. Mailing Office Address

1295 MOSSWOOD CT.

Suite, Apt. #, etc.

City & State

INDIAN LANTIC, FL.

Zip

32903

Country

USA

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

3-5-2002

5. FEI Number

03-0406392

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

ROBERT A. MATTHEWS

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

1295 MOSSWOOD CT

Suite, Apt. #, Etc.

DI

City

INDIAN LANTIC FL. 32903

State

FL

Zip Code

32903

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

Robert A. Matthews

Date

9-16-04

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>ROBERT MATTHEWS</u>	<u>1295 MOSSWOOD CT</u>	
<u>US</u>	<u>ROBERT MATTHEWS</u>	<u>INDIAN LANTIC FL.</u>	
<u>O</u>	<u>ROBERT MATTHEWS</u>	<u>32903</u>	

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:

Robert A. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-04

Date

321-480-8128

Daytime Phone #

010290