

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -6 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 2 0000 39373

1. Corporation Name

Weston Medical Associates, Inc

REINSTATEMENT 03-04

2. Principal Office Address

2625 Executive Pk. Dr

3. Mailing Office Address

PO Box 267591

Suite, Apt. #, etc.

Suite 3B

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

Zip

33331

Country

USA

Zip

33326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/02

5. FEI Number

02-0579942

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

Michael Zoldan

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

2625 Executive Pk. Dr. #38

Suite, Apt. #, Etc.

Suite 3B

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

REGISTERED AGENT MUST SIGN

Date 02/10/2004

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	Michael Zoldan	2625 Exec. Pk Dr #38	Weston, FL 33331
VP	Ismael Landron	2625 Exec. Pk. Dr. #38	Weston, FL 33331

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:

Michael Zoldan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2004

Date

954-385-5220

Daytime Phone #

CR2081 (01/04)

WESTON MEDICAL ASSOCIATES, INC.
2625 EXECUTIVE PARK DRIVE, SUITE 3B
WESTON, FL 33331
(954) 385-9881

December 5, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

**Re: Weston Medical Associates, Inc.
Application for Reinstatement
FEI Number 02-0579942**

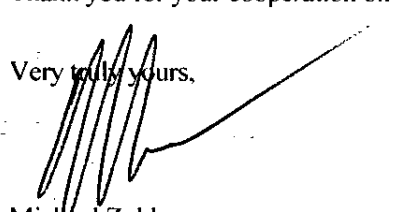
This letter is in reference to the Company referenced above. We recently received a Certificate of Administrative Dissolution from the Florida Department of State for failure to file the year 2003 Corporation Annual Report / Uniform Business Report.

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

Enclosed with this letter is a signed Application for Reinstatement along with a check for \$150.

Thank you for your cooperation on this matter.

Very truly yours,



Michael Zoldan
President
