

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

04 MAY -6 PM 2:46

DOCUMENT # P02000068651

1. Corporation Name

Family Medicine Clinics of South Florida, PA

2. Principal Office Address

17901 NW 5th St

3. Mailing Office Address

17901 NW 5th St

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

REINSTATEMENT

03-04

3/15/04 01012 001 900-00

4. Date Incorporated or Qualified To Do Business in Florida

6/20/02

5. FCI Number

01-0727005

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

Jonathan S. Ware, MD

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

1115 Camellia Circle

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

Jonathan S. Ware, MD

REGISTERED AGENT MUST SIGN

Date

5/6/04

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
Pres	Jonathan S. Ware, MD	1115 Camellia Circle	Weston, FL 33326

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)(f), 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

5/6/04

Date

954 435-1270

Daytime Phone #

5/6 AD