

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000076968

1. Corporation Name

EMAD EKLADIOS, MD, P.A.

Principal Place of Business

Mailing Address

4830 TAYLOR ST.
HOLLYWOOD FL 33021

4830 TAYLOR ST.
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2261 N. University Dr. Ste 101

Suite, Apt. #, etc.

2261 N. University Dr. Ste 101

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

REINSTATEMENT

03



700024198707
10/28/03--01035--014 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2002

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	EKLADIOS, EMAD MD	4830 TAYLOR ST.	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

EKLADIOS, EMAD MD
4830 TAYLOR ST.
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name EMAD EKLADIOS, MD

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

2261 N. University Dr.

Suite, Apt. #, Etc.

Suite 101

City

Pembroke Pines

State

FL

Zip Code

33024

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/03

11. 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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40/16103 (954) 2555 963-

CR2E040 (7/03)



EMAD EZRA EKLADIOS, M.D.

DIPLOMATE, AMERICAN BOARD OF FAMILY PHYSICIANS

MEMORIAL PEMBROKE MEDICAL OFFICE BUILDING
2261 N. UNIVERSITY DRIVE, SUITE 101
PEMBROKE PINES, FL 33024

PHONE 954-963-2555
FAX 954-963-2288

Dear Sir/Madam

This is to inform you that we didn't receive the prior UBR notices.

Enclosed is a check for \$ 150.00.

Thank you,

Sincerely

Emad Ekladios, M.D.

Director of the corporation