

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000114789

1. Corporation Name

MICHAEL J MALLIS, D.O., P.A.

2. Principal Office Address - No P.O. Box #

3467 W Hillsboro Blvd

3. Mailing Office Address

c/o Two S University Drive

Suite, Apt. #, etc.

Suite B-

Suite, Apt. #, etc.

Suite 215

City & State

Deerfield Beach, FL

City & State

Plantation, FL

Zip
33442

Country
USA

Zip
33324

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2002

5. FEI Number

30-0121165

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
Brian Lynn

Street Address (P.O. Box Number is Not Acceptable)
Two S University Drive

Suite, Apt. #, etc.
Suite 215

City
Plantation

State
FL

Zip Code
33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Brian Lynn

REGISTERED AGENT MUST SIGN

Date 3/30/2007

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	Michael J. Mallis, Jr.	21 PORTSIDE DRIVE	Ft Lauderdale, FL 33316

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:

Michael J. Mallis, Jr.

Michael J. Mallis, Jr.

3/30/2007

(954)650-3931

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 APR -9 PM 3:05
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07