

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 20 PM 1:42

DOCUMENT # P03000030202

1. Corporation Name

Michael L. Zelkowitz, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900159783819
08/20/09--01052--013 **1500.00

REINSTATEMENT 04-09

900159783819
08/20/09--01052--014 **8.75

CR2E081 (12/08)

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

404 Timber Ridge Dr.

3. Mailing Office Address

404 Timber Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

Country

Zip

Country

32779

32779

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/2003

5. FEI Number

04-3748268

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

Harvey M. Alper

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

516 Douglas Avenue

Suite, Apt. #, Etc.

Suite 1106

City

Altamonte Springs

State

FL

Zip Code

32714

☐ 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

REGISTERED AGENT MUST SIGN

Date August 12, 2009

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
PVPST	Michael L. Zelkowitz	404 Timber Ridge Drive	Longwood, FL 32779

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/12/2009

Date

407-862-7-71

Daytime Phone #