

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 JUN -4 P 2: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000083713**

1. Corporation Name

J.RANDY JINKINS, MD, PC

400156794974  
06/04/09--01037--011 \*\*450.00

CR2E081 (12/08)

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

3096 Indiana Street

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133

Country

USA

3. Mailing Office Address

3096 Indiana Street

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/2005

5. FEI Number  
841629374

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

J.RANDY JINKINS

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

~~4250 Salzedo Street, PH-1~~ 3096 Indiana Street

Suite, Apt. #, Etc.

City

~~Coral Gables~~ Coconut Grove

State

FL

Zip Code

33146

☒ 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

Date

REGISTERED AGENT MUST SIGN

**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
PTD	J.RANDY JINKINS	3096 Indiana Street	Coconut Grove, FL 33133

**REINSTATEMENT**

07-09

*[Signature]*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.RANDY JINKINS

Date

May 31, 2009

305-332-5659

Daytime Phone #