

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

10 FEB 25 AM 9:20

DOCUMENT # **PD6000038334**

1. Corporation Name

Aiden O'Rourke, MD, PA

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

1625 SE 3 Avenue

Suite, Apt. #, etc.

723

City & State

Fort Lauderdale

Zip

33316

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/2007

5. FEI Number

06-1329728

☒ 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

Stephen J. Finta, P.A.

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

416 SE 19 Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

☐ 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

Stephen J. Finta

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
P/D	Aiden O'Rourke	1625 SE 3 Ave #723	Ft. Lauderdale FL 33316
			B2/25/10
		REINSTATEMENT	087

10. E-mail Address: **orourke_md@hotmail.com**

(To be used for future annual report notification)

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, I further certify 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

2/8/2010

Date

954-525-7350

Daytime Phone #