

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR -1 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700174169787  
04/01/10--01039--024 \*\*900.00

CR2E081 (11/09)

DOCUMENT # P06000059457

1. Corporation Name

Yolaine Marie Chamblin, MD, PA

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

8910 Miramar Parkway

Suite, Apt. #, etc.

Suite # 117

City & State

Miramar

Zip

33025

Country

US

3. Mailing Office Address

8910 Miramar Parkway

Suite, Apt. #, etc.

Suite #117

City & State

Miramar

Zip

33025

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 4/26/2006

5. FEI Number

20-4773814

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

Yolaine M. Chamblin

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

8910 Miramar Parkway

Suite, Apt. #, Etc.

Suite 117

City

Miramar

State

FL

Zip Code

33025

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 03/29/2010

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
Dr.	Yolaine Chamblin	8910 Miramar Parkway	Miramar, FL 33025

REINSTATEMENT

RH

10. E-mail Address: f.medicine@yahoo.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

President

03/29/2010 954-442-6988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #