

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 30 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P67000020071

1. Corporation Name

Frederick Ferguson, MD. PA

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

2727 NW 167 Street

3. Mailing Office Address

2727 NW 167 St

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Opa-locka, Florida

City & State

Opa-locka, FL

Zip

33056

Country

USA

Zip

33056

Country

USA

000164067200

12/30/09--01042--009 \*\*158.75

REINSTATEMENT

09

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/2007

5. FEI Number

208608050

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 Frederick Ferguson

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

1435 NW Miami Garden Drive

Suite, Apt. #, Etc.

#501

City

North Miami Beach

State

FL

Zip Code

33174

☒ 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

Frederick Ferguson  
REGISTERED AGENT MUST SIGN

Date

12/28/09

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
<u>President</u>	<u>Frederick Ferguson</u>	<u>1435 NW Miami Garden Drive</u>	<u>North Miami Beach FL 33174</u>

10. E-mail Address:

(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

Frederick Ferguson  
Frederick Ferguson

Date

12/28/09

Daytime Phone #

305 655 1025

12/31/09