

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**  
**2000-2001 UBR**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P92000000572

DAVID M. KENTON, M.D., P.A.

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-11/16/01--01103--003

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address 1874 WEST HILLSBORO BLVD.		3. Mailing Office Address 1874 WEST HILLSBORO BLVD.	
Suite, Apt. #, etc. UNIT D		Suite, Apt. #, etc. UNIT D	
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH, FL	
Zip 33442	Country USA	Zip 33442	Country USA

**2000-2001 UBR**

4. Date Incorporated or Qualified To Do Business in Florida 10/26/1992	
5. FEI Number 65-0363342	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name DAVID M. KENTON	
Street Address (P.O. Box Number is Not Acceptable) 1874 WEST HILLSBORO BLVD.	
Suite, Apt. #, Etc. UNIT D	
City DEERFIELD BEACH	State FL
Zip Code 33442	

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

*David M. Kenton*  
REGISTERED AGENT MUST SIGN

Date 11/1/01

**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	KENTON, DAVID M.	1874 WEST HILLSBORO BLVD	DEERFIELD BEACH, FL 33442

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 under section 119.07(3)(i), 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:

*David M. Kenton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/01

Date

954-428-4802

Daytime Phone #

282

**David M. Kenton, M.D., P.A.  
1874 D West Hillsboro Blvd.  
Deerfield Beach, FL 33442  
(954) 428-4802**

November 1, 2001

Department of State  
Division of Corporations  
Tallahassee, FL 32399

RE: Annual Report

Gentlemen,

With regard to our Annual Report filing for years 2000 and 2001 please be advised that we never received the Annual Report filing form. We did move to a new address last year and assumed that all mail was forwarded.

We appreciate you waiving the penalty for our oversight. Enclosed are the filing fees for the last two years.

Thank you for your attention in this matter.

Sincerely,



Dr. David Kenton