

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1 of 2

03 OCT 17 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000572**

1. Corporation Name

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

Principal Place of Business

Mailing Address

1874 WEST HILLSBORO BLVD., UNIT D
DEERFIELD BEACH FL 33442

1874 WEST HILLSBORO BLVD., UNIT D
DEERFIELD BEACH FL 33442

Handwritten initials



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0363342

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KENTON, DAVID M	1874 WEST HILLSBORO BLVD., UNIT	DEERFIELD BEACH FL 33442
			200023833032 10/15/03--01087--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-03 954-428-4802

CR2E040 (7/03)



**Deerfield Beach
Cardiology Associates**

David M. Kenton, M.D., P.A.
Cardiology - Internal Medicine

1874D West Hillsboro Boulevard
Deerfield Beach, Florida 33442
(954) 428-4802 Fax (954) 428-5244

OCTOBER 14, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RE# P92000000572
DAVID M. KENTON, M.D., P.A.

TO WHOM THIS MAY CONCERN,

WE ARE REQUESTING THAT THE REINSTATEMENT FEE
BE WAIVED AS WE NEVER RECIEVED UBR NOTICES.
THANK YOU FOR YOUR CONSIDERATION IN THIS
MATTER.

DEBORAH ARRISON
PRACTICE ADMINISTRATOR