

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 23 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011737

1. Corporation Name

Steven D. Gelbard, M.D., P.A.

2. Principal Office Address

150 SW 12th Avenue

Suite, Apt. #, etc.

Ste. 350

City & State

Pompano Beach, FL

Zip

33069

Country

3. Mailing Office Address

150 SW 12th Avenue

Suite, Apt. #, etc.

Ste. 350

City & State

Pompano Beach, FL

Zip

33069

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/15/1992

5. FEI Number

650374191

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

Steven D. Gelbard

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

150 SW 12th Avenue

Suite, Apt. #, Etc.

Suite 350

City

Pompano Beach

State

FL

Zip Code

33069

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**

REGISTERED AGENT MUST SIGN

Date

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
Sec Pres 1999	Steven D. Gelbard	150 SW 12th Avenue	Pompano Beach, FL 33069
		Suite 350	

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:

Steven D. Gelbard, MD Pres (954) 545-3433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #