

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 PM 12:21

DOCUMENT # **P93000023660**

1. Corporation Name

REUBEN SMITH, M.D., P.A.

REINSTATEMENT

97-01

2. Principal Office Address

3404 CHOKEBERRY CT.

Suite, Apt. #, etc.

3. Mailing Office Address

3404 CHOKEBERRY CT.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

Country

32223

DUVAL

City & State

JACKSONVILLE, FL

Zip

Country

32223

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1993

5. FEI Number

593175723

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

REUBEN SMITH

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

3404 CHOKEBERRY COURT

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

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 **11/29/01**

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
D	REUBEN SMITH, M.D.	3404 CHOKEBERRY CT.	JACKSONVILLE, FL 32223

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/2001

Date

(904) 262-8760

Daytime Phone #

2 of 2

DIANA S. FARHAT, P.A.

ATTORNEY AT LAW

1721 BLANDING BOULEVARD • SUITE 102
JACKSONVILLE, FLORIDA 32210

November 30, 2001

TELEPHONE
(904) 389-0540

FACSIMILE
(904) 389-1906

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

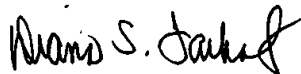
Re: Reuben Smith M.D., P.A.

Gentlemen:

Enclosed for filing is a Corporation Reinstatement form for Reuben Smith, M.D., P.A. and my firm check for \$1350 representing the filing fee.

If you have any questions regarding the foregoing, please contact me at (904) 389-0540.

Very truly yours,



Diana S. Farhat

Enclosures