

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028183

1. Corporation Name

CHARLES A. AUGUSTUS II, M.D., P.A.

REINSTATEMENT 02-04

900028733309
02/13/04--01036--018 **450.00

2. Principal Office Address

1555 N. Krome Av

Suite, Apt. #, etc.

City & State

Homestead, Fl

Zip

33030

Country

US

3. Mailing Office Address

1555 N. Krome Av

Suite, Apt. #, etc.

City & State

Homestead, Fl

Zip

33030

Country

US

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

04/16/1993

5. FEI Number

65-0408937

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

CHARLES A. AUGUSTUS, II, M.D.

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

1555 N. Krome Av

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

01-21-2004

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
DPST	Charles A. Augustus II	1555 N. Krome Av	Homestead, FL 33030

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

Date

01-21-2004

Daytime Phone #

(305) 245-1611

CR2E081 (10/02)

CHARLES A. AUGUSTUS II, M.D.

OBSTETRICS AND GYNECOLOGY

1555 NORTH KROME AVENUE
HOMESTEAD, FL 33030
TELEPHONE (305) 245-1611

01-20-2004

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Fl 32314

Re: Reinstatement of Document # P93000028183

To whom it may concern:

Please be advised that I did not received the paperwork in order to maintain current status for the above corporation. The Register Agent retired and did not forward this information to me. Enclosed is a Reinstatement form; designating myself as the new Registered Agent and a check for \$450.00 for reinstatement.

If you require any further information, please call me.

Sincerely,



Charles A. Augustus II, M.D.

cc: file