

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 14 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049352

1. Corporation Name

Steven K. Brooks, M.D., P.A.

2. Principal Office Address, No. P.O. Box #

515 W. State Road 434

Suite, Apt. # etc.

Suite 302

City & State

Longwood FL

32750

USA

3. Mailing Office Address

515 W. State Road 434

Suite, Apt. # etc.

Suite 302

City & State

Longwood FL

32750

USA

REINSTATEMENT 04-07

CR2E081 (7/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1993

593191221

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

Steven K Brooks

515 W. S.R. 434

Suite 302

Longwood FL 32750

State
FL

USA

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Sept 12 '07

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
<u>P</u>	<u>Steven K. Brooks M.D.</u>	<u>515 W. State Road 434</u> <u>Suite 302</u>	<u>Longwood, FL 32750</u>
	<u>\$79/14</u>		<u>500108467005</u> <u>09/14/07--01041--010 **1208.75</u>

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 contained in Chapter 119, 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:

Sept 12 2007 407 9634540