

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000084334

1. Corporation Name

JAMES Gorelick, MD PA

2. Principal Office Address

351 NW LETOURNE RD.

Suite, Apt. #, etc.

Suite 105

City & State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Office Address

Same AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

65-0453495

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

JAMES Gorelick, MD

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

351 NW LETOURNE RD #105

Suite, Apt. #, Etc.

105

City

MIAMI

State

FL

Zip Code

33126

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

12/2/02

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
(P) PRESIDENT	JAMES Gorelick, MD	351 NW LETOURNE RD #105	MIAMI, FL 33126

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:

JAMES Gorelick, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/02 305-642-4616

Daytime Phone #

CR2E081 (9/01)

JAMES GORELICK, M.D., P.A.
NEUROLOGY
DIPLOMATE, AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY

351 N.W. 42 AVENUE
SUITE: 105
MIAMI, FLORIDA 33126

TELEPHONE (305) 642-4616
(305) 642-4617

12/2/02

To Whom It may Concern:

Enclosed please find a check for \$300.00
to satisfy the Reinstatement Fee. I hereby
Request that the Department of State Not change
me the Full Reinstatement Fee of \$900.00
As I never received the Notices of
the years 2000 & 2001 for Registration.

Sincerely,
