

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 APR 21 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082466

1. Corporation Name

MARK N. GOLDBERG, M.D., P.A.

2. Principal Office Address - No P.O. Box #  
296 NE 99th Street

Suite, Apt. #, etc.

City & State  
Miami Shores, FL

Zip 33138 Country US

3. Mailing Office Address  
296 NE 99th Street

Suite, Apt. #, etc.

City & State  
Miami Shores, FL

Zip 33138 Country US

800124392228  
04/21/08--01004--016 \*\*1350.00

REINSTATEMENT 04-08

4. Date Incorporated or Qualified  
To Do Business in Florida 11/08/1994

5. FEI Number 650532318 ☐ 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  
DAVID S. WILLIG

Street Address (P.O. Box Number is Not Acceptable)  
2837 SW 3 AVE

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33129

☐ 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 David S. Willig  
REGISTERED AGENT MUST SIGN

Date April 15, 2008

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
PDS	Mark N. Goldberg	296 NE 99th Street	Miami Shores, FL 33138

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark N. Goldberg MD/PDS 04/15/2008 305.557.3300