

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 20 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082466

1. Corporation Name

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

2. Principal Office Address

7100 W. 20th Avenue

Suite, Apt. #, etc.

200

City & State

Hialeah, FL

Zip

33016

Country

US

3. Mailing Office Address

7100 W. 20th Avenue

Suite, Apt. #, etc.

200

City & State

Hialeah, FL

Zip

33016

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/1994

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 E. Marko, Esq.

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

3001 S.W. Third Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

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 E. Marko

Date

3/13/03

REGISTERED AGENT MUST SIGN

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, MD	7100 W. 20th Avenue, Suite 200	Hialeah, FL 33016

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

3/18/03

Daytime Phone #

305-557-3300

CR2E081 (10/02)