

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 AM 11:18

DOCUMENT # P95000005063

1. Corporation Name

LAKE PEDIATRICS GROUP, P.A.

REINSTATEMENT 01-05

800062226008
12/16/05--01043--001 **1350.00

CR2E081 (8/05)

2. Principal Office Address

1301 SOUTH MAIN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1301 SOUTH MAIN ST.

Suite, Apt. #, etc.

City & State

BELLE GLADE, FL

City & State

BELLE GLADE, FL

Zip

33430

Country

USA

Zip

33430

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/1995

5. FEI Number

650549641

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 AZAN

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

1301 SOUTH MAIN ST.

Suite, Apt. #, Etc.

City

BELLE GLADE

State

FL

Zip Code

33430

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

Charles Azan

REGISTERED AGENT MUST SIGN

Date 12/14/05

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
D	CHARLES AZAN	1301 SOUTH MAIN ST.	BELLE GLADE, FL 33430

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:

Charles Azan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/05

Date

561-261-5846

Daytime Phone #