

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 14 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060125

1. Corporation Name

Donald W. Edwards, P.A.

2. Principal Office Address

1333 S. University Dr.  
Suite, Apt. #, etc.  
209

City & State  
Plantation, FL

Zip  
33324

Country

3. Mailing Office Address

1333 S. University Dr.  
Suite, Apt. #, etc.  
209

City & State  
Plantation, FL

Zip  
33324

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/13/1995

5. FEI Number

65-0600113

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

Donald W. Edwards

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

1333 S. University Drive

Suite, Apt. #, Etc.

Suite 209

City

Plantation

State

FL

Zip Code

33324

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

Donald W. Edwards

REGISTERED AGENT MUST SIGN

Date 04-12-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| D      | Donald W. Edwards                    | 1333 S. University Dr.                            | Plantation, FL 33324 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

Donald W. Edwards, P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-05 (954) 577-

Date

Daytime Phone #

2820

DONALD W. EDWARDS, P.A.

T. Roberts APR 22 2005

CR2E031 (01/05)