

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000002917

1. Corporation Name

PATRICK BRILLANT, M.D., P.A.

Principal Place of Business

1150 N. 35TH AVENUE  
SUITE 490  
HOLLYWOOD FL

Mailing Address

1150 N. 35TH AVENUE  
SUITE 490  
HOLLYWOOD FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

33021

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

33021

FILED

01 JAN -2 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1996

SP

5. FEI Number

65-0646556

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRILLANT, PATRICK M.D.	1150 N 35TH AVE STE 490	HOLLYWOOD FL
			700003536197--4 -01/12/01--01089--011 *****750.00 *****750.00
			700003536197--4 -01/12/01--01089--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

BRILLANT, PATRICK  
1150 N 35TH AVE  
490  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/1/00

11. 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

12/1/00

Daytime Phone #

(954)-989  
3053

CR2E040 (8/00)