




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000008080			
1. Corporation Name DAVID O. KATEB, MD, PA			
2. Principal Office Address 5050 W. Atlantic Ave Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State	
Zip 33484	Country FLA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEL Number 65-0635400	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name LEWA KATEB			
Street Address (P.O. Box Number is Not Acceptable) 10791 EL PARAISO PI			
Suite, Apt. #, Etc.			
City DELRAY BEACH		State FL	Zip Code 33446
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 		Date 6/16/06	
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
President	David O. Kateb	Same as above 5050 W. ATLANTIC AVE DELRAY BEACH, FL 33484	DELRAY BEACH, FL 33484
	3/7/10		
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: 		Date 6/16/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID O. KATEB, MD		Daytime Phone # 561-37-3933	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (12/05)

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