

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 15 AM 11:46

DOCUMENT # P96000055436

1. Corporation Name

UROLOGY, P.A.

Principal Place of Business

6546 NW 97TH DR
PARKLAND FL 33076

Mailing Address

6546 NW 97TH DR
PARKLAND FL 33076

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

2. New Principal Office Address, If Applicable

2100 E. SAMPLE RD
Suite, Apt. #, etc. Suite 203

City & State Lighthouse Point FL

Zip 33064 Country USA

3. New Mailing Office Address, If Applicable

5381 Leithner
Suite, Apt. #, etc. Drive East

City & State Coral Springs, FL

Zip 33067 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

06/26/1996

5. FEI Number

65-0678772

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	SQUAID, VICTOR	6546 NW 97TH DR 5381 Leithner Dr. E.	PARKLAND FL 33076 Coral Springs FL 33067

9000003468879--7
-11/17/00--01072--014
***150.00 ***150.00

8. Name and Address of Current Registered Agent

SQUAID, VICTOR

6546 NW 97TH DR

PARKLAND FL 33076

5381 Leithner Dr. E.
Coral Springs FL
33067

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

11/15/00

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 REQUIRED
SQUAID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/00 954-786-8989
Date Daytime Phone #

CR2040 (8/00)

Urology, P.A.

Victor J. Souaid, M.D. C.M., F.R.C.S.C.
Board Certified in Urology

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November 8, 2000

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee FL. 32399

Dear Sir or Madam:

I am enclosing a check in the amount of \$150.00 for the annual report fee. I did not receive an application in the mail prior to this date. I spoke to Mr. Shawn Toner at your office and have been told to communicate this to you. My new address is:

Victor J. Souaid, M.D.
5381 E. Leitner Drive
Coral Springs, FL. 33067

Sincerely,



Victor J. Souaid, M.D.

VJS/sl

2100 E. Sample Road, Suite 203 • Pompano Beach, Florida 33064

5800 Colonial Drive, Suite 303 • Margate, Florida 33063

Telephone 954.786.8989 • Fax 954.786.0308
