

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 20 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060439

1. Corporation Name

MARK A. CLARKE, M.D., P.A.

Principal Place of Business

Mailing Address

7556 LAKE WORTH ROAD  
SUITE 105  
LAKE WORTH FL 33467

7556 LAKE WORTH ROAD  
SUITE 105  
LAKE WORTH FL 33467



REINSTATEMENT

98-99

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0683038

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CLARKE, MARK A M.D.	7556 LAKE WORTH ROAD	LAKE WORTH FL 33467

800002752528--8  
-01/25/99--01007--006  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PORRO, HILDA M ESQ  
12769 WEST FOREST HILL BLVD.  
STE E  
WELLINGTON FL 33414

Name MARK A CLARKE NO  
Street Address (P.O. Box Number is Not Acceptable)  
7556 LAKE WORTH ROAD  
Suite, Apt. #, Etc.  
STE 105  
City LAKE WORTH State FL Zip Code 33467

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

Date 1/18/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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 REMARK: CLARKE

1/18/99  
Date

861-966-1050  
Daytime Phone #

CR2E040 (9/98)