

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV -2 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098724

1. Corporation Name

M. CATHARINE MOFFITT, MD, P.A.

Principal Place of Business

Mailing Address

~~2817 NE 24TH CT~~
~~FT LAUDERDALE FL 33305~~

~~2817 NE 24TH CT~~
~~FT LAUDERDALE FL 33305~~



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

2. New Principal Office Address, If Applicable

7668 N.W. 50TH COURT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7668 N.W. 50TH COURT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

Zip 33067

Country USA

City & State

CORAL SPRINGS, FLORIDA

Zip 33067

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

65-0727528

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 | MOFFITT, M. CATHERINE | 2817 NE 24TH CT 7668 N.W. 50TH COURT | FT LAUDERDALE FL 33305 CORAL SPRINGS, FLORIDA 33067 |
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800003046448--3
-11/16/99-01103-003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.
1214 N UNIVERSITY DR
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name M. Catharine Moffitt, MD
Street Address (P.O. Box Number is Not Acceptable)
7668 NW 50th Court
Suite, Apt. #, Etc.

City Coral Springs

State FL

Zip Code 33067

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

M. Catharine Moffitt

REGISTERED AGENT MUST SIGN

Date

10/29/99

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:

M. Catharine Moffitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/99

Date

Daytime Phone #