

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000058363

1. Corporation Name

DAVID B. CANO, M.D., P.A.

Principal Place of Business

Mailing Address

1920 PALM BEACH LAKES BLVD., #209  
WEST PALM BEACH FL 33409  
US

P.O. BOX 220704  
WEST PALM BEACH FL 33422  
US

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

07/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0765390

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	CANO, DAVID B M.D.	2087 CHAGALL CIRCLE	WEST PALM BEACH FL 33409
			800004672438--3 11/08/01-01046-013 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANO, DAVID B M.D.  
2087 CHAGALL CIRCLE  
WEST PALM BEACH FL 33409

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/19/01

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID B. CANO, M.D. 10/19/01 561 684-4773