

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 23 PM 12:38

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P97000063199

1. Corporation Name

DAVID L. GALBUT, M.D. + ASSOCIATES, P.A.

200055150592
05/23/05--01072--007 **1050.00

2. Principal Office Address

6250 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 202

City & State

MIAMI, FL

Zip

33143

Country

USA

3. Mailing Office Address

6250 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 202

City & State

MIAMI, FL

Zip

33143

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1997

5. FEI Number

05-0768902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GITA GALBUT

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

6250 SUNSET DRIVE

Suite, Apt. #, Etc.

SUITE 202

City

MIAMI

State

FL

Zip Code

33143

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

Gita Galbut
REGISTERED AGENT MUST SIGN

Date

4/29/05

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
D	DAVID L. GALBUT, MD	6250 SUNSET DR #202	MIAMI, FL 33143
<i>treasurer</i>	<i>Gita Galbut</i>	6250 " " "	" " "

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 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:

Gita Galbut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/05

Daytime Phone #

305 674 7525