

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 AM 11:41

DOCUMENT # P97000068779

1. Corporation Name

HAROLD M. FORREST, OD, PA

2. Principal Office Address

11845 ROYAL PALM BLVD.

3. Mailing Office Address

11845 ROYAL PALM BLVD.

Suite, Apt. #, etc.

APT # 9-102

Suite, Apt. #, etc.

APT # 9-102

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/97

5. FEI Number

65-0772553

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

RONALD L. ~~SEIGEL~~ SIEGEL 500003509159-7

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

1800 CORPORATE BOULEVARD, N.W. ***908.75 ***908.75

Suite, Apt. #, Etc.

SUITE # 302

City

BOCA RATON, FL

State

FL

Zip Code

33431

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

Ronald L. Siegel
REGISTERED AGENT MUST SIGN

Date

12/5/00

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
PRES	HAROLD M. FORREST	11845 ROYAL PALM BLVD APT # 9-102	CORAL SPRINGS, FL 33065
D	HAROLD M. FORREST	11845 ROYAL PALM BLVD APT # 9-102	CORAL SPRINGS, FL 33065

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:

Harold M. Forrest, OD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD M. FORREST, O.D.

Date

12/6/00

Daytime Phone #

(954)
346-5172

CR2E081 (9/99)