

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000038770

1. Corporation Name

DOUGLAS H. BARLOW, M.D., P.A.

Principal Place of Business

Mailing Address

8194 GLADE RD
BOCA RATON FL 33434

8194 GLADE RD
BOCA RATON FL 33434

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

04/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0838654

Applied For

Not Applicable

City & State

City & State

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	BARLOW, DOUGLAS H	8194 GLADES RD	BOCA RATON FL 33434

400024169784
11/24/03--01028--016 **75.00

400024169784
10/27/03--01077--015 **75.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARLOW, DOUGLAS H
8194 GLADES RD
BOCA RATON FL 33434

Name

EUGENE A. ROSOV

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

750 HG 62 Street

Suite, Apt. #, Etc.

Suite 206

City

Miami

State

FL

Zip Code

33138

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

Douglas H. Barlow, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

561 488-4480

Daytime Phone #

CH2E040 (7/03)

**BARLOW PEDIATRICS
DOUGLAS H. BARLOW, M.D., F.A.A.P.
8194 GLADES ROAD
BOCA RATON, FL 33434 561/488-4480**

Department of State
ATTN: Tina Roberts
P.O. Box 6327
Tallahassee FL 32314

850 245-6059

Dear Ms. Roberts:

Thank you for our conversation of last week. I really appreciate your willingness to waive the \$750 fee paid in favor of a \$150 fee.

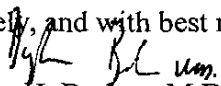
As I told you, we have NEVER received ANY NOTICE of required corporate filings, due to the fact that our former registered agent, our lawyer, stopped working for us and did not forward to us any important (or unimportant!) mail.

Thank you for your help with this.

The Department of State already received a check in the amount of \$75.00 from us in our earlier letter of 10/21/03. Herewith is another check in the amount of \$75.00 - for a total of \$150.00 as discussed.

Thank you for your kind consideration and assistance.

Sincerely, and with best regards,


Douglas H. Barlow, M.D.