

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082710

1. Corporation Name

PEDIATRIC ASSOCIATES OF HOMESTEAD, INC.
151 NW 11th STREET, STE E 202
HOMESTEAD, FLORIDA 33030

2. Principal Office Address

151 NW 11th Street

Suite, Apt. #, etc.

E-202

City & State

HOMESTEAD, FL

Zip

33030

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

65-0864837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

11-12-02 01096 602 \$600.00

7. Name and Address of Current Registered Agent

Name

JAMES M. GUEST, CPA, P.A.

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

15600 SW 288 Street

Suite, Apt. #, Etc.

#201

City

HOMESTEAD

State

FL

Zip Code

33033

500010395645

01/21/03--01079--017 **300.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/15/2003

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.	Goosby, Dorsey L.	151 NW 11 th St. E-202	Homestead, FL 33030

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/02

Date

(305) 245-3220

Daytime Phone #

CR2E081 (9/01)