

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **P99000005846**

1. Corporation Name

**ROBERT I. GUDA, OPT., P.A.**

Principal Place of Business

Mailing Address

~~2698 N UNIVERSITY DR~~  
~~SUNRISE FL 33322~~

~~2698 N UNIVERSITY DR~~  
~~SUNRISE FL 33322~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6651 So Dixie Highway

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6651 So Dixie Highway

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

**01/19/1999**

5. FEI Number

650 887042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

City & State  
South Miami, Florida

Zip  
33143

Country  
(Date) U.S.A.

City & State  
South Miami, Florida

Zip  
33143

Country  
U.S.A.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GUDA, ROBERT I	<del>2698 N UNIVERSITY DR</del>	<del>SUNRISE FL 33322</del>
		<u>6651 So Dixie highway</u>	<u>South Miami, FL 33143.</u>
			200003446902-1
			-11/01/00-01052-020
			*****8.75 *****8.75
			200003446902-1
			-11/01/00-01052-021
			*****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUDA, ROBERT I

~~2698 N UNIVERSITY DR~~  
~~SUNRISE FL 33322~~

6651 So Dixie highway  
So. Miami, FL 33143.

Name

GUDA, ROBERT I

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

6651 So Dixie highway.

Suite, Apt. #, Etc.

City

South Miami

State

**FL**

Zip Code

33143.

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]  
 REGISTERED AGENT MUST SIGN

Date

10/16/2000.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/2000

Daytime Phone #

(305) 666-2020.

CR2E040 (800)

**DR ROBERT L. GUDA,  
6651 So. DIXIE HIGHWAY,  
MIAMI, FLORIDA, 33143.**

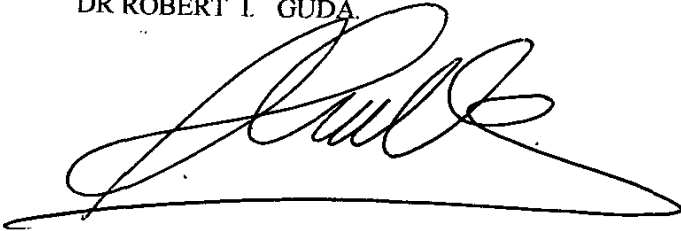
**TELF: 305- 666-2020  
FAX: 305- 666-2728**

ATTN: CUSTOMER SERVICE.

FAX TO: MAIL LETTER TO THE OFFICE.

Thank you for explaining everything to me on 10-16-2000.  
As explained to me, I am enclosing this letter requesting a reduction in the re-instating fee.  
As you can see, my office address has changed and I have not been getting any correspondence forwarded to my new address. The post office forwarding must have expired.

DR ROBERT L. GUDA.

A large, stylized handwritten signature in black ink, appearing to read 'R. Guda', with a long horizontal flourish extending to the right.