

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 25 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99 00 000 9162

1. Corporation Name

Helen Salsbury, MD, PA

2. Principal Office Address

601 NW 179th Ave.

Suite, Apt. #, etc.

Suite 102

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

3. Mailing Office Address

601 NW 179th Ave

Suite, Apt. #, etc.

Suite 102

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

REINSTATEMENT

00-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/6/99

5. FEI Number

65-0896776

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

Helen Salsbury, MD.

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

601 NW 179th Ave

Suite, Apt. #, Etc.

Suite 102

City

Pembroke Pines

State

FL

Zip Code

33029

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

Helen Salsbury

REGISTERED AGENT MUST SIGN

Date

Jan 24, 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
P	Helen Salsbury MD	5151 SW 190 th Ave.	Ft. Lauderdale, FL 33332

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen Salsbury MD

Date

Jan 24, 05

Daytime Phone #

CR2E081 (01/04)



HELEN SALSBUURY, M.D., P.A

Helen M. Salsbury, M.D., F.A.C.O.G.

Board Certified ♦ Obstetrics ♦ Gynecology ♦ Laparoscopy Specialist ♦ Osteoporosis Specialist

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March 22, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Letter of Abatement

Dear Sir or Madam:

We did not receive the annual report notice for the year 2000. The corporation's principle address changed and no report was forwarded to the new address. Neither did we receive any notice from the registered agent.

Please waive the reinstatement fee. The registered agent will change to Helen Salsbury, MD as documented on the reinstatement form. (The new address is 601 NW 179th Ave. Suite 102 Pembroke Pines, FL 33029.)

Enclosed, you will find the reinstatement form and a check for \$900.00. Thank you.

Sincerely,

Helen Salsbury, MD

Enclosures