

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000019550

1. Corporation Name

DANIEL M. DARAGAN, P.A.

2. Principal Office Address

5205 SW 116 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5205 SW 116 AVE

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-2-99

5. FEI Number

65-0906906

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

DANIEL M. DARAGAN

100004764921 --4

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

5205 SW 116 AVENUE

01/10/02 --01040--014

****908.75 ****908.75

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33330

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

DM.D

Date 12-20-01

REGISTERED AGENT MUST SIGN

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
<u>PRE</u>	<u>DANIEL M. DARAGAN</u>	<u>5205 SW 116 AVE</u>	<u>COOPER CITY, FL</u> <u>33330</u>

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:

DANIEL M. DARAGAN DM.D

Date

Daytime Phone #

12-20-01

954-434-6520