

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY -6 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000021042

1. Corporation Name

Deirdre M. Marshall P.A.

600128568726
05/06/08--01009--018 **900.00

REINSTATEMENT 03-08
CR2E0817(12/07)

2. Principal Office Address - No P.O. Box #

3100 SW 62 AVE

Suite, Apt. #, etc.

2230

City & State

Miami

Zip

FI

Country

33155

3. Mailing Office Address

3625 North Bayhames

Suite, Apt. #, etc.

L Drive

City & State

Miami FL

Zip

33133

Country

USA

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

03-03-99

5. FEI Number

65-0443283

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 DEIRDRE M. MARSHALL, M.D.

Street Address (P.O. Box Number is Not Acceptable)
3100 SW 62 AVE

Suite, Apt. #, Etc.
Suite 2230

City
Miami

State

FL

Zip Code

33155

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 04/16/08

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>D</u>	<u>DEIRDRE MARSHALL</u>	<u>3100 SW 62 AVE</u> <u>Suite 2230</u>	<u>Miami FL 33155</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 contained in Chapter 119, 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

Deirdre M. Marshall

Date

04/16/08 (305) 793-
9411

Daytime Phone #

3. Mitchell MAY 6 2008