

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 14 PM 12:30

DOCUMENT # P 99000023058

1. Corporation Name

AMERICAN PATHOLOGY ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #
7770 NW 44th STREET

3. Mailing Office Address
7770 NW 44th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE, FLORIDA

City & State
SUNRISE, FLORIDA

Zip Country
33351 USA

Zip Country
33351 USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 03/08/1999

5. FEI Number
650945097

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
Alexander G. Kammer

Street Address (P.O. Box Number is Not Acceptable)
7770 NW 44th STREET

Suite, Apt. #, Etc.

City
Sunrise

State Zip Code
FL 33351

☒ 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

Alex Kammer
REGISTERED AGENT MUST SIGN

Date 01/06/09

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
PSD	Alexander G. Kammer	7770 NW 44th STREET	SUNRISE, FLORIDA 33351

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:

Alex Kammer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/06/09

Daytime Phone #

561-715-6599