

P99000032432

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

REINSTATEMENT 00-01
SP

Kyndal A. Beavers, M.D., P.A.

2. Principal Office Address

4700 N. Congress Avenue

Suite, Apt. #, etc.

#303

City & State

West Palm Beach, FL

Zip

Country

3. Mailing Office Address

4700 N. Congress Avenue

Suite, Apt. #, etc.

#303

City & State

West Palm Beach, FL

Zip

Country

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****935.00 ****900.00

4. Date Incorporated or Qualified
To Do Business in Florida

April 15, 1999

5. FEI Number

65-0912401

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

Marshall McDonald, III

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

1070 E. Indiantown Road, Suite 312

Suite, Apt. #, Etc.

Suite 312

City

Jupiter

State
FL

Zip Code
33477

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

Marshall McDonald III

REGISTERED AGENT MUST SIGN

Date 2/28/01

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/D	Kyndal A. Beavers	4700 N. Congress Ave., #303	West Palm Beach, FL 33407

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:

Kyndal A. Beavers MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

(561) 841-0901
Daytime Phone #

CR2E081 (9/00)