

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 15 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000042468**

1. Corporation Name

ISLON WOOLF M.D., P.A.

Principal Place of Business

Mailing Address

**4302 ALTON ROAD
SUITE 450
MIAMI BEACH FL 33140**

**4302 ALTON ROAD
SUITE 450
MIAMI BEACH FL 33140**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1999

5. FEI Number

65-0917500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED: ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT	WOOLF, ISLON	4302 ALTON ROAD, STE. 450	MIAMI BEACH FL 33140

300004661599-4
-10/31/01--01080--013
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WOOLF, ISLON
4302 ALTON ROAD
SUITE 450
MIAMI BEACH FL 33140**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/12/1**

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

282

ISLON WOOLF, M.D.
INTERNAL MEDICINE
DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE

SUITE 450
4302 ALTON ROAD
MIAMI BEACH, FL 33140
(305) 534-4636

MOUNT SINAI AVENTURA
2845 AVENTURA BOULEVARD
SUITE 105
AVENTURA, FL 33180
(305) 933-9950

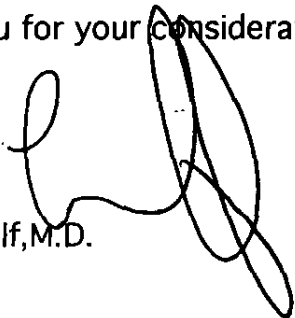
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314

October 12, 2001

To Whom It May Concern:

I received a notice of administrative dissolution in today's mail. This is very distressing to me as I did not receive any prior notice that my corporation would be dissolved, nor have I received any bill. Unfortunately, I share a mailbox with a large group of physicians in our building and have had this problem before with bank statements and insurance companies. Please be so kind as to reinstate my corporation to active status.

Thank you for your consideration,



Islon Woolf, M.D.