

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 26 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *29900046024*

1. Corporation Name

Anita Jones, M.D., P.A.

2. Principal Office Address

1980 NE 119 Rd (N. Miami A)
Suite, Apt. #, etc.

3. Mailing Office Address

1980 NE 119 Rd
Suite, Apt. #, etc.

City & State

North Miami FL

City & State

North Miami FL

Zip

33181

Country

USA

Zip

33181

Country

USA

REINSTATEMENT *05-06*

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/99

5. FEI Number

650920818

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

Anita Jones

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

1980 NE 119 Rd

Suite, Apt. #, Etc.

City

North Miami

000081577600
11/07/05 01016 022 **750.00
State Zip Code
FL 33181

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/31/06

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
<i>Dr</i>	<i>Anita Jones</i>	<i>1980 NE 119 Rd</i>	<i>North Miami FL 33181</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita Jones MD

Date

10/31/06

Daytime Phone #

805-895-2356

12/26