

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -3 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

700020430197
06/04/03--01005--002 **1050.00

DOCUMENT # P99060054085

1. Corporation Name

Allied Podiatry Associates, Inc

2. Principal Office Address

4420 Sheridan St.

Suite, Apt. #, etc.

Suite C

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

8116 Wiles Road

Suite, Apt. #, etc.

City & State

Coralsprings, FL

Zip

33067

Country

USA

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

5. FEI Number

650929212

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

David Clendenning

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

4420 Sheridan St

Suite, Apt. #, Etc.

Suite C

City

Hollywood

State

FL

Zip Code

33021

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 5-16-2003

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
D	David Clendenning	11641 NW 24th St	Plantation, FL 33323

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/03 954753107604

Date

Daytime Phone #

71 614