PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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| | _ | | | | | | | | | | | |

1. Corporation Name

MICHAEL A. WESTON, M.D., P.A.

Principal Place of Business

Mailing Address

| New Principal | Office Ad | dress, It Ap | plicable |
|---------------------------------|-----------|--------------|----------|
| 14340 | Bed | FORD | CT |
| Suite, Apt. #, etc. | _ | | |

| 14 | <u>34</u> | 10 | В | ED | FO | AD. | CT |
|--------|-----------|---------|---|----|----|-----|----|
| Suite, | Apt. | #, etc. | | | | | |

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

| DAV. | | P.O. BOX 277 FT. LAUDERDALE FL 33302 ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. | | | | | | | |
|--|---|---|---|--|-------------------------------|-------------------------------------|--------------------------------|---------------------------------|--|
| . New Pri | incipal Office Address, If Applicable BEDFORD C.T. | | | | 4. Date Incorp | orated or Qualified ness in Florida | 08/18/199 | | |
| City & State | re , fl | City & State | | | 5. FEI Number Applied Not App | | | | |
| ip 333 | | Zip | Cour | | | E OF STATUS DESIRED | \$8.75 Addition for a Certific | nal Fee required cate of Status | |
| . Names | and Street Addresses of Each Officer and/ | or Director (Flo | orida nonprofit corpo | orations must list at lea | st 3 directors) | | | | |
| Title(s) | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | 4 | City / State / Zip | | |
| PD | WESTON, MICHAEL A | | 710 SAN REMO DRIVE | | | WESTON FL 33328 | | | |
| * ************************************ | | | 14340 B | edford | CT. | DAVIE | , FL 33 | 325 | |
| | | | | | | | | 78 | |
| | | | | ** · | 3 | 000035 -01/11/ ****75 | '0101101· | 002 *750.00 | |
| | 8. Name and Address of Current F | Paristanad Aus | ! | | | | | | |
| | | kegistered Age | ent | Name | 9. Name and A | Address of New Regis | stered Agent | | |
| 710 S | ON, MICHAEL A An Remo Drive* On FL 33326* | | | Street Address (P.O. Box Number is Not Acceptable) IH34D BEDFORD CT. Suite, Apt. #, Etc. | | | | | |
|) l being | appointed the registered agent of the above | o named come | votion are families | DAVIE | - | 007.0505. F.O. | FL 333 | | |
| gnature of | Agent Muliae/ | Efect | ENT MUST SIGN | with and accept the ob | iligations of Section | , | 8/00 | | |
| tnis rein: | that I am an officer or director or the receiv statement application, the reason for dissol of the corporation have been paid and the n | er or trustee em lution has been | npowered to execute | ocrate name satisfies t | he requirements : | of section 607 0401 or | 617 0401 E.C. H | ant all food | |

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR