

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP -4 PM 1:10

DOCUMENT # PA000089184

1. Corporation Name

Yvonne Berryer, M.D. P.A.

REINSTATEMENT 10-12

2. Principal Office Address - No P.O. Box #

829 NE 4th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

829 NE 4th Ave

Suite, Apt. #, etc.

CR2E083 (11/10)

City & State

Homestead FL

City & State

Homestead FL

Zip 33030

Country USA

Zip

33030

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

650955798

☐ 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

Yvonne Berryer

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

829 NE 4th Ave

Suite, Apt. #, Etc.

City

Homestead FL

State

FL

Zip Code

33030

400239166914
08/31/12--01018--015 **1050.00

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

Yvonne Berryer
REGISTERED AGENT MUST SIGN

Date

8-29-12

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	Yvonne BERRYER	829 NE 4th Ave	Homestead FL 33032

SEP - 4 2012
D. BUTLER

10. E-mail Address:

Please mail. We do not have functioning e mail
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Yvonne Berryer

YVONNE BERRYER

Date

8-29-12 30501215

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR