

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 28 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S25 403

1. Corporation Name

DAVID S EDELMAN MD PA

2. Principal Office Address

8780 SW 92ND STREET

3. Mailing Office Address

10125 SW 71ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33176

Country

Zip

33156

Country

4. Date Incorporated or Qualified

To Do Business in Florida JANUARY 16, 1991

5. FEI Number

65-0240074

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

DAVID S EDELMAN

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

10125 SW 71ST AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

100039656531

07/28/04--01065--005 ***90.00

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

David S Edelman

REGISTERED AGENT MUST SIGN

Date

7/25/04

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	DAVID S EDELMAN	10125 SW 71ST AVENUE	MIAMI, FLORIDA 33156

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:

David S Edelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/04

Daytime Phone #

CR20081 (01/04)