

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99AR
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
97 OCT 30 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S26081**

1. Corporation Name

ROBERT L. DAUBAR, JR., M.D., P.A.

Principal Place of Business

Mailing Address

4201 PALM AVE
SUITE A
HIALEAH FL 33012
US

4201 PALM AVE
SUITE A
HIALEAH FL 33012
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1991

5. FEI Number

65-0275901

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DAUBAR, JR., ROBERT L.	5921 S.W. 164TH TERR.	FT. LAUDERDALE FL
S	DAUBAR, LINDA F.	5921 S.W. 164TH TERR.	FT. LAUDERDALE FL

600002349726--0
-11/17/97--01159--005
****165.00 ****165.00

10/10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IANNACONE, JAMES T.
315 SE 7TH STREET
SECOND FLOOR
FT. LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Linda F. Daubar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/24/97

954
983-4300
Daytime Phone #

CR2E040 (8/97)

Robert L. Daubar, Jr., M.D.

4201 PALM AVENUE, SUITE A
HIALEAH, FLORIDA 33012
(305) 362-6076

EAR, NOSE AND THROAT
ALLERGY

October 24, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

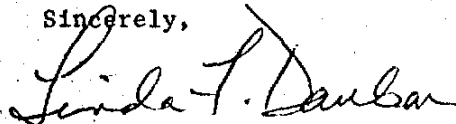
Dear Sirs:

Enclosed please find our application for reinstatement. I am enclosing the original filing fee of \$165. The enclosed application is the FIRST application that we have received this year. I don't know if the address change in 1996 had anything to do with our not receiving the original notice, but I would have complied immediately if it had been received.

I would appreciate it if you would accept the enclosed fee as payment in full and reinstate the corporation known as Robert L. Daubar, Jr., M.D., P.A.

I thank you in advance for your assistance. My husband, Dr. Daubar has been quite ill this year and perhaps his illness had something to do with him not receiving all of his mail.

Sincerely,


Linda F. Daubar

LF/sw

enc.