

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 528200

1. Corporation Name

IRA BLOOMFIELD, M.D., P.A. II

600164067406
12/30/09--01042--014 **1200.00

REINSTATEMENT 06-09

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

2382 24th ST LANE

Suite, Apt. #, etc.

3. Mailing Office Address

2382 24th ST LANE

Suite, Apt. #, etc.

City & State

Hickory, N.C.

Zip

28601

Country

US

City & State

Hickory, N.C.

Zip

28601

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/1991

5. FEI Number

650239209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Loretta Newton

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

20392 Laverne Av.

Suite, Apt. #, Etc.

#

City

Port Charlotte

State

FL

Zip Code

33952

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

Loretta Newton

REGISTERED AGENT MUST SIGN

Date 12-29-09

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 |
|--------------------------|--------------------------------------|---|--------------------------|
| <u>P/S/T</u> <u>D</u> | <u>IRA BLOOMFIELD</u> | <u>2382 24th ST LANE</u> | <u>Hickory, NC 28601</u> |
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10. E-mail Address: ISBMD@BellSouth.net

(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., 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.

SIGNATURE:

IRA BLOOMFIELD, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/2009

Date

828-308
-3396

Daytime Phone #

12/31/09