PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1997 OCT 16 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S39149

1. Corporation Name
Laurence I. Arnold, M.D., P.A.

Principal Place of Business / Mailing Address
University Medical Center
7710 N.W. 71 Court, Suite 206
Tamarac, Florida 33321

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, if applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
721791

5. FEI Number
65-0245535
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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/S/T/D	Laurence I. Arnold	University Medical Center 7710 N.W. 71 Ct., Suite 206	Tamarac, FL 33321

REINSTATEMENT '97
SCC 10-16-97

8. Name and Address of Current Registered Agent

prepared by: Scott R. Austin, Esquire
100 N.E. 3 Ave., #1100
Ft. Laud., FL 33301
(954) 462-3300
Fla. Bar No. 434140

9. Name and Address of New Registered Agent
Name: FMD Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 100 N.E. Third Avenue, Suite 1100
Suite, Apt. #, Etc.
City: Fort Lauderdale
State: FL
Zip Code: 33301

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: Deborah Chrystie, Asst. Sec. Date: 10/16/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand that I am an officer or director of the corporation 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 using the reinstatement application 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. 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: [signature] President 10/16/97 (954) 720-9513
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR

#S33149

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10/16/97 FLORIDA DIVISION OF CORPORATIONS 2:47 PM
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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: ENGLISH, MCCAUGHAN & O'BRYAN, P.A. ACCT#: 076067004147
CONTACT: DEBRA H CHRYSTIE
PHONE: (954)462-3300 FAX #: (954)763-2439

NAME: LAURENCE I. ARNOLD, M.D., P.A.
AUDIT NUMBER.....H97000017248
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
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