

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S38695**

1. Corporation Name

**JOSEPH W. POITIER, M.D., P.A.**

Principal Place of Business

Mailing Address

1175 NE 125TH ST  
MIAMI FL 33161  
US

1175 NE 125TH ST  
MIAMI FL 33161  
US

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

2. New Principal Office Address, If Applicable

1175 N.E. 125TH ST  
Suite, Apt. #, etc.

City & State

MIAMI FL

Zip 33161 Country USA

3. New Mailing Office Address, If Applicable

1175 N.E. 125TH ST  
Suite, Apt. #, etc.

City & State

MIAMI FL

Zip 33161 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

03/19/1991

SP

5. FEI Number

65-0251676

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPVT	POITIER, JOSEPH W.	1284 NE 32 ST	MIAMI FL 33138

8. Name and Address of Current Registered Agent

POITIER, JOSEPH W.  
1175 NE 125TH ST  
213  
MIAMI FL 33161

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/00)

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/31/01

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 and the names of individuals listed on this application is true and accurate, and my signature shall have the same effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

(305) 895-3271

Date

Daytime Phone #