


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN 11 PM 1:01

DOCUMENT # V00374

1. Corporation Name

GLENROY P. WONG, M.D., P.A.

W030000/6402

2. Principal Office Address

151 NW 11 Street

Suite, Apt. #, etc.  
E102

City & State  
Homestead, FL

Zip  
33030

Country  
Dade

3. Mailing Office Address

7700 N. Kendall Dr.

Suite, Apt. #, etc.  
#405

City & State  
Miami FL

Zip  
33156

Country

REINSTATEMENT 00-123

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-0301138

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Glenroy P. Wong

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

10921 SW 93 Ave

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33176

000020546250

06/05/03--01084--003 \*1208.75

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

*Glenroy P. Wong*

REGISTERED AGENT MUST SIGN

6-3-03

Date

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/D	Glenroy P. Wong	10921 SW 93 Ave	Miami FL 33176
S	Barbara D. Wong	10921 SW 93 Ave	Miami FL 33176
D	Carlos A. Conrado M.D.	151 NW 11th Street #E102	Homestead, FL 33030

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:

*Glenroy P. Wong*

Glenroy P. Wong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03

Date

3056305015

Daytime Phone #

CR2E081 (10/02)