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APPLICATION FOR REINSTATEMENT FOR 98-99

FLORIDA DEPARTMENT OF STATE
~~Jim Smith~~
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
99 JAN 27 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1 Name and Mailing Address of Corporation DOCUMENT # V36573

DEXTER C. SEREDA, M.D., P.A.
601 N. FLAMINGO Rd.
Suite 401
Pembroke Pines, FL 33028

2 If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment

Address

Address

City and State

Zip Code

3 Date Incorporated or Qualified To Do Business in Florida 5-15-92

4 FEI Number 65-0333224

FEI Number Applied For
FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and or Director

1 Title	2 Names of Officers and or Directors	3 Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D	DEXTER SEREDA	3160 S.W. 117 Avenue	Davie, FL 33330

REINSTATEMENT 98-99 TS 1/28/99

100002758731--7
-02/09/99--01012--024
****900.00 ****900.00

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☒ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent

CAROL A. LICKO
ONE S.E. Third Ave.
1700 Ameriflrst Blvd.
Miami, FL 33131

7 Name and Address of New Registered Agent

Name * Dexter C. Sereda
Street Address (Do NOT Use P.O. Box Number) 601 N. Flamingo Road
Street Address (Do NOT Use P.O. Box Number) Suite 401
City and State Pembroke Pines FL. Zip Code 33028

8 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 * Dex C. Date 12/22/98

REGISTERED AGENT MUST SIGN

9 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., 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 of Officer or Director X Dex C. Date 12/22/98 Phone (954) 430-5217

Typed or printed name of signing officer or director Dexter C. Sereda

10 Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status