

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 NOV 14 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V42743

1. Corporation Name

Wasfi A. Makar, MD, PA

2. Principal Office Address

211 Coral Sands Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

211 Coral Sands Dr.

Suite, Apt. #, etc.

City & State

Rockledge, Florida

Zip

32955

Country

U.S.A

City & State

Rockledge, Florida

Zip

32955

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

6/8/92

5. FEI Number

59-3127222

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

01-05 Rui

**7. Name and Address of Current Registered Agent**

Name

Wasfi A. Makar

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

211 Coral Sands Dr.

Suite, Apt. #, Etc.

Rockledge, Florida

City

State

FL

Zip Code

32955

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

W. Makar

REGISTERED AGENT MUST SIGN

Date

8/28/05

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
pres.	Wasfi A. Makar	211 Coral Sands Dr.	Rockledge, FL 32955
Secretary	Vivian Makar		

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:

W. Makar Wasfi Makar

8/28/05

321-632-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

2/2

8/28/05

Dear Sirs

I have not received any of the  
forms in the past several years<sup>2001</sup>; please

reinstate the Corporation 59-3127222

I am enclosing \$750. Thank you.

W. W. W. W.