

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 00 NOV 28 PM 6:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **465167**

1. Corporation Name

HIGGINS, GOMEZ & KATZ, M.D.'S, P.A.

Principal Place of Business

Mailing Address

5319 GRAND BOULEVARD
 NEW PORT RICHEY FLORIDA 34652

5319 GRAND BOULEVARD
 NEW PORT RICHEY FLORIDA 34652



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/01/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1559073

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HIGGINS, NORMAN H.	5319 GRAND BOULEVARD	NPR, FL 00000
V	GOMEZ, JOSE G.	5319 GRAND BOULEVARD	NPR, FL 00000
TS	KATZ, RICHARD J.	5319 GRAND BLVD	NPR FL
			300002506143--8 -12/19/00--01079--012 ***750.00 ***750.00

REINSTATEMENT DUTY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIGGINS, NORMAN H.
 5319 GRAND BOULEVARD
 NEW PORT RICHEY FLORIDA 34652

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

Date

11-20-00

REGISTERED AGENT MUST SIGN

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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-00 7278481769

CR2E040 (9/00)