

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 NOV -7 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/07/08--01016--027 **1500.00
CR2E081 (10/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 574510
1. Corporation Name
JOHN Q. STAUFFER, M.D., P.A.

2. Principal Office Address - No P.O. Box # 2919 W. Swann ave Suite, Apt. #, etc. Suite #205 City & State Tampa, Florida Zip 33609		3. Mailing Office Address 2919 W. Swann Ave Suite, Apt. #, etc. Suite #205 City & State Tampa, Florida Zip 33609	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida _____

5. FEI Number 59-1828425
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
John Q. Stauffer, M.D.
Street Address (P.O. Box Number is Not Acceptable)
2919 W. Swann Ave Suite
Suite, Apt. #, Etc.
Suite #205
City
Tampa
State
FL
Zip Code
33609

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 John Q. Stauffer Date 11/4/08
REGISTERED AGENT MUST SIGN

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
PTD	John Q. Stauffer	4915 New Providence Ave	Tampa, Florida 33629
S	Leslie Stauffer	4915 New Providence Ave	Tampa, Florida 33629

REINSTATEMENT 03-08 KS

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 contained in Chapter 119, 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: John Q. Stauffer M.D., P.A. Date 11/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (813) 870-3971 Daytime Phone #