

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 JUN -9 PM 11:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**APPLICATION  
 FOR  
 REINSTATEMENT**

**DOCUMENT #** 603928 (3)

1. Corporation Name  
 Carlos F. Gonzalez, M.D., P.A.

Principal Place of Business Mailing Address  
 7991 S. Suncoast Blvd. P.O. Box 1940  
 Homosassa, FL 34446 Homosassa Springs, FL  
 34447

000002561950---3  
 -06/16/98--01121--002  
 \*\*\*1200.00 \*\*\*1200.00

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	
		Above		11/22/72	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-1425832	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	GONZALEZ, CARLOS F.	286 NW Magnolia Circle	Crystal River, FL 34428

**REINSTATEMENT 95-98**

TS 6/11

8. Name and Address of Current Registered Agent

GONZALEZ, CARLOS F.  
 286 NW MAGNOLIA CIRCLE  
 CRYSTAL RIVER, FL 34428

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> 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  REGISTERED AGENT MUST SIGN Date **6/5/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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:** Carlos F. Gonzalez, M.D. 6/5/98 (352)382-8282  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC040 (1/98)