PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 3:38

DOCUMENT # **G40507**

1. Corporation Name

REGINOLD L. SIMMONS, M.D., P.A.

Principal Place of Business	Mailing Address
38192 MEDICAL CENTER AVENUE ZEPHYRHILLS FL 33540	38192 MEDICAL CENTER AVENUE ZEPHYRHILLS FL 33540

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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Same as above	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/1983

5. FEI Number: 59-2288604 ☐ Applied For ☐ Not Applicable

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
DP	SIMMONS, REGINOLD L	38192 MEDICAL CENTER AVE	ZEPHYRHILLS, FL 00000 33540
V	Simmons, Vivian	38192 Medical Center Ave.	Zephyrhills, fl, 33540

700003470897--7
-11/20/00--01124--020
****750.00 ****750.00

700003470897--7
-11/20/00--01124--021
******8.75 ******8.75

8. Name and Address of Current Registered Agent

SIMMONS, REGINOLD L.
38192 MEDICAL CENTER AVE
ZEPHYRHILLS FL 33540

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

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: Reginold L. Simmons, M.D. Date: 10/16/00
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: Reginold L. Simmons, M.D. Reginold L. Simmons, M.D. 813-788-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/16/00 — Daytime Phone #

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