

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

DOCUMENT # **H80326**

99 OCT 21 AM 9:44

1. Corporation Name

**ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

4600 4TH ST. N.  
ST. PETERSBURG FL 33703

4600 4TH ST. N.  
ST. PETERSBURG FL 33703

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/1985

5. FEI Number

59-2681990

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
SD	GNAGE, LAWRENCE M.	2092 ILLINOIS AVENUE NE	ST. PETERSBURG FL
PD	HAMILTON, ROBERT G.	2063 ILLINOIS AVENUE NE	ST. PETERSBURG FL
VD	BOLHOFNER, BRETT	1771 TANGLEWOOD DR NE	ST PETERSBURG FL
TD	BRAMLET, DALE	2044 BRIGHTWATERS BLVD NE	ST PETERSBURG FL
D	CLINTON, DAVIS B	1353 SNELL HARBOR DR NE	ST PETERSBURG FL
D	RODRIGUEZ, JORGE A.	3414 WEST GABLES COURT	TAMPA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KALISH, WILLIAM  
101 E. KENNEDY BLVD.  
SUITE 4100  
TAMPA FL 33602

Name

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

600003032216--2

Suite, Apt. #, Etc.

11/02/93--01051--005

City

\*\*\*750.00 \*\*\*750.00

State

Zip Code

FL

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

*William Kalish*  
REGISTERED AGENT MUST SIGN

Date

10/15/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William Kalish*  
REGISTERED AGENT MUST SIGN

10/14/99

CR2E040 (8/99)