

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

01 OCT 22 PM 2:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L00990**

1. Corporation Name  
**THE LAKEFRONT MEDICAL CENTER, P.A.**

Principal Place of Business Mailing Address  
**60 WEST COLUMBIA STREET SUITE F ORLANDO FL 32806** **P.O. BOX 580364 ORLANDO FL 32856**

*Handwritten initials*



**REINSTATEMENT** *00-01*

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

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **07/07/1989**

5. FEI Number **57-0880084**  
 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
P	VARRAUX, ALAN R.	<del>927 RIDGECREST DRIVE</del> 6139 Greatwater Drive	<del>ORLANDO FL 32806</del> WINDERMERE, FL 34786

8. Name and Address of Current Registered Agent  
~~BONANO, FRANK J.~~  
**60 WEST COLUMBIA STREET, SUITE F**  
**ORLANDO FL 32806**

9. Name and Address of New Registered Agent  
 Name **ALAN R. VARRAUX**  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City 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 *[Signature]* **REGISTERED AGENT MUST SIGN** Date **10/19/01**

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 REQUIRED** *President* Date **10/19/01** Daytime Phone # **407-841-0084**

CR2E040 (8/00)