

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 25 12:01

DOCUMENT # P00000029925

1. Corporation Name

Southwest Florida Fertility Center, P.A.

2. Principal Office Address

13685 Doctor's Way

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 330

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33912

Country

USA

Zip

Country

0000001253273
10/26/06 -- 01036 -- 002 -- \$900.00

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 02/23/2000

5. FEI Number

65-0996839

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

Dr. Jacob Glock

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

13685 Doctor's Way

Suite, Apt. #, Etc.

Suite 330

City

Fort Myers

State

FL

Zip Code

33912

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

REGISTERED AGENT MUST SIGN

Date

10/23/06

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
P	Jacob Glock	799 Cypress Lake Circle	Fort Myers, Florida 33919

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jacob L. Glock

10/23/06

239 521-3430

OCT 26 2006