

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # **P01000115714**

1. Corporation Name

**JOHN COTTAM, M.D., P.A.**

**REINSTATEMENT 03**



200023788812  
10/14/03--01029--016 \*\*150.00

*MRS*

Principal Place of Business	Mailing Address
13301 N. DALE MABRY, STE. E TAMPA FL 33618	13301 N. DALE MABRY, STE. E TAMPA FL 33618

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/2002	
City & State		City & State		5. FEI Number	
Zip		Country		-59-3759257-	
				Applied For	
				Not Applicable	
				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	City / State / Zip
1	2	3	4
D	John Cottam	13301 N. Dale Mabry Ste E	Tampa, FL 33618

8. Name and Address of Current Registered Agent

COTTAM, JOHN  
13301 N. DALE MABRY, STE. E  
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name  
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. or 617.0505, F.S.

Signature of Registered Agent *John Cottam* Date 10/9/03  
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: *John Cottam* Date 10/9/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (7/03)

**John Cottam, M.D.**  
**Dermatology and Cutaneous Surgery**

Brandon

500 Vonderburg  
Suite 116W  
Brandon, FL 33511  
(813)962-4210  
(813)962-0566 fax

Carrollwood

13301 N. Dale Mabry  
Suite E  
Tampa, FL 33618  
(813)962-4210  
(813)962-0566 fax

Sun City

4051 Uppercreek Dr.  
Suite 102  
Sun City Center, FL 33573  
(813)962-4210  
(813)962-0566 fax

Date: 10-9-03

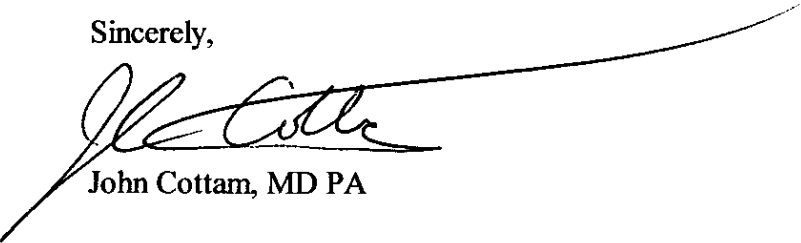
To Florida Department of State  
Glenda E. Hood  
Secretary of State

Division of Corporations

Dear Sir or Madam,

This is the first corporation I have ever owned. I was never told by the lawyer doing the initial paper work for my corporation about this, nor did I receive either of the two prior UBR renewal forms for 2003. I did, however get this notice. Please waive the reinstatement fee. Enclosed is the fee to file the report without penalty of \$150.00 for a for-profit corporation. Thank you

Sincerely,

  
John Cottam, MD PA