

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 02000083298

1. Corporation Name

The villages Internal medicine and Geriatrics, Inc.

2. Principal Office Address

1400 US Hwy 441 North

Suite/Apt. #, etc.

924

City & State

The villages, FL

Zip

32159

Country

U.S.A.

3. Mailing Office Address

P. O. BOX 950627

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32795

Country

U.S.A.

FILED

05 MAR 21 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

CP

4. Date Incorporated or Qualified To Do Business in Florida		08/01/2002	
5. FEI Number		03-0478296	
6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name

Jane Z. Cai, M.D.

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

1400 US Hwy 441 North

Suite, Apt. #, Etc.

suite 924

City

The villages

State

FL

Zip Code

32795

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 03/17/05

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
President	Jane Z. Cai, M.D.	1400 US Hwy 441 North, #924	The villages FL 32159

100049888601
04/05/05--01018--017 **450.00

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 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

03/17/05

Date

352-259-0238

Daytime Phone #

CR2E081 (01/05)

202

The Villages Internal Medicine and Geriatrics

1400 US Highway 441 North, Suite 924

The Villages, FL 32159

Phone: (352) 259-0238 Fax: (352) 750-0831

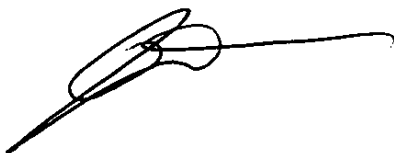
To:
Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

March 17, 2005

Dear Sir/Madam:

I am writing this letter to apply for waiving of reinstatement fee my corporation of The Villages Internal medicine and Geriatrics, Inc. I registered the corporation and fictitious name at the same in 08/01/2002 online and never realize that I need to register the corporation every year but not for fictitious name since my corporation is always active all the time (paying tax and worker's compensation each quarter and year). Also due to change of my address, I did not receive the letter from your department for registration in 2003. Attached is the reinstatement form and check \$450 for the years I missed. Sorry for this and thanks for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jane Z. Cai', with a long horizontal stroke extending to the right.

Jane Z. Cai, MD