

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 14 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090057

1. Corporation Name

SALLY SAMPLE, M.D., P.A.

Principal Place of Business

Mailing Address

1130 NW 64TH TERRACE
1204 NW 69TH TERR
GAINESVILLE FL 32605
US

1130 NW 64TH TERRACE
1204 NW 69TH TERR
GAINESVILLE FL 32605
US

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

2. New Principal Office Address, If Applicable

1204 NW 69TH TERR

Suite, Apt. #, etc.

Suite B

City & State

Gainesville, FL

Zip

32605

Country

USA

3. New Mailing Office Address, If Applicable

1204 NW 69TH TERR

Suite, Apt. #, etc.

Suite B

City & State

Gainesville, FL

Zip

32650

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1995

5. FEI Number

59-3347787

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SAMPLE, SALLY M.D.	1204 NW 69TH TERR	GAINESVILLE FL

300002350043--9
-11/18/97--01025--025
****165.00 ****165.00

11-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOWNEY, KEVIN I
2631 NW 41ST STREET
STE A-2
GAINESVILLE FL 32606

Name

Sally Sample

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

1204 NW 69TH TERR

Suite, Apt. #, Etc.

Suite B

City

Gainesville

State

FL

Zip Code

32605

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

Sally Sample

REGISTERED AGENT MUST SIGN

Date

11-7-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 #

11-7-97 352-3319500

CP25040 (8/97)

②

SALLY SAMPLE, M.D., P.A.
Internal Medicine

Phone: (352) 331-9500

Fax: (352) 333-2454

November 10, 1997

Florida Department of State
Division of Corporations
P.O.Box 67327
Tallahassee, FL 32314-6327

To Division of Corporations:

I writing this letter to appeal my recent dissolution. I must have received the two requests prior to the one enclosed with this letter, but it appears nothing was done at the stated deadline. I am in the process of moving and everything has been disorderly and misplaced. I apologize.

Therefore, I am requesting reinstatement of my corporation. Enclosed is my \$165 check and the application. Please give this request your consideration as no maliciousness or neglect of the law was intended.

Sincerely,



Sally Sample, MD.