PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P01492

~~APPLICATION FOR REINSTATEMENT~~

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

2000082

FILED
00 OCT 16 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000000209

1. Corporation Name

LAKE PEDIATRICS, P.A.

Principal Place of Business	Mailing Address
18515 HIGHWAY 441 MT. DORA FL 32757	18515 HIGHWAY 441 MT. DORA FL 32757

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/1996

5. FEI Number: 59-3351823 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CARLSON, E. THOMAS M.D.	18515 HIGHWAY 441	MT. DORA FL 32757
			100003441571--0
			-10/27/00--01012--017
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

SAYLOR, BRUCE A
907 WEBSTER STREET
LEESBURG FL 34785

9. Name and Address of New Registered Agent SP

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

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 REQUIRED Date

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: SIGNATURE REQUIRED 10/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lake Pediatrics

E. Thomas Carlson, M.D., F.A.A.P.
Gail A. Carlson, A.R.N.P.-C
Janice D. Cashion, A.R.N.P.-C

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October 12, 2000

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Today we received notice of Administrative Dissolution or Revocation for Lake Pediatrics, PA. We had not previously received notice that an annual corporate report was due and fee was due. This is the first notice we received regarding this matter.

I contacted our registered agent, Mr. Bruce Saylor and was informed that he had not received notices either.

I spoke with Sean at (850) 487-6059 and he informed me I should write a letter stating these facts and send the application for reinstatement we received along with a check for $150.00 and the $600.00 reinstatement fee would be waived.

Thank you for your cooperation in this matter.

Respectfully Submitted,

Gail A. Carlson

Gail A. Carlson
Business Manager

Lake Pediatrics
18515 U.S. Highway 441
Mt. Dora, Florida 32757
(352) 383-8111 * Fax (383)383-2480