

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

03 NOV 20 AM 10:46

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



REINSTATEMENT 03

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

01/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3351823

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
DPST	CARLSON, E. THOMAS M.D.	18515 HIGHWAY 441	MT. DORA FL 32757

200024895302
11/20/03--01083--005 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAYLOR, BRUCE A
907 WEBSTER STREET
LEESBURG FL 34785

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/18/03

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03 352-383-8111
Date Daytime Phone #

CR2E040 (7/03)