

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



182

DOCUMENT # **P96000056418**

1. Corporation Name
ST. AUGUSTINE PHYSICIANS ASSOCIATES, INC.

FILED
Oct 16, 2003 8:00 A
Secretary of State

| | |
|---------------------------------------------|-------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 419 ANASTASIA BLVD ST AUGUSTINE FL 32084 | 139 NEPTUNE RD SAINT AUGUSTINE FL 32086-6723 |

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 |

| | |
|-------------------------------------------------------------|------------------------------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | 07/01/1996 |
| 5. FEI Number | 59-3389255 |
| 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) | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|--------------------------|
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
| D | MONAHAN, CLARK V | 139 NEPTUNE RD | SAINT AUGUSTINE FL 32086 |
| D | MONAHAN, BONNIE | 139 NEPTUNE RD | SAINT AUGUSTINE FL 32086 |
| D | MONAHAN, MARTIN M | 609 SHORE DR | SAINT AUGUSTINE FL 32086 |
| | | | |
| | | | |
| | | | |

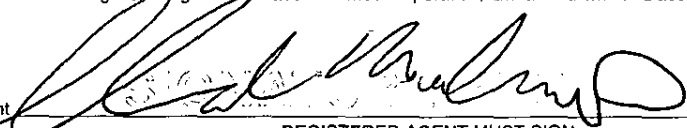
8. Name and Address of Current Registered Agent

MONAHAN, CLARK V
 417 ANASTASIA BLVD
 ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

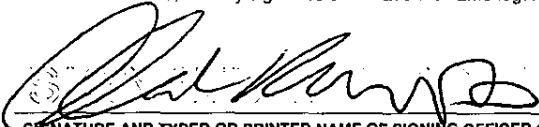
Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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  Date 10-14-03

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:  10-14-03

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

CR2ED40 (7/03)



St. Augustine Physicians Associates, Inc.



Dr. Clark V. Monahan, DC
Dr. Giles R. Daniel, Jr., DC
Dr. Martin M. Monahan, DC

2jc

October 14, 2003

RE: Document # P96000056418
St. Augustine Physicians Associates, Inc.

To Whom It May Concern:

We have received a notice indicating St. Augustine Physicians Associates, Inc. has been dissolved due to nonpayment of the corporate license fee.

The 2003 corporate fee check number 3016 for \$150.00 was cashed on January 31, 2003. The corporate form requesting a signature was returned to my office and promptly forwarded to your office with a signature.

The corporation was dissolved in error. As requested, I am sending another application for reinstatement and requesting waiver of the penalty fee.

Sincerely,

Clark V. Monahan, President

CVM/cbm