

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**

98 JUN -9 PM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000093614

1. Corporation Name

C.F. Gonzalez, M.D., P.A.

Principal Place of Business

Mailing Address

7991 S. Suncoast Blvd.  
Homosassa, FL 34446

P.O. Box 1940  
Homosassa Springs, FL  
34447

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

Above

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3290127

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	GONZALEZ, CARLOS F.	286 NW Magnolia Circle	Crystal River, FL 34428
			600002561316--1
			06/16/98 01094 009
			****900.00 ****900.00
			REINSTATEMENT 97-7-8
			T.S. 6/11

8. Name and Address of Current Registered Agent

GONZALEZ, CARLOS F.  
286 NW MAGNOLIA CIRCLE  
CRYSTAL RIVER, FL 34428

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 6/5/98

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

Carlos F. Gonzalez, M.D.

6/5/98

(352)382-8282

Date

Daytime Phone #

CR2040 (1/98)