

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen E. Ryan
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 12 PM 12:21

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000023934

1. Corporation Name Orlando Ear, Nose & Throat
Associates, P.A.

Principal Place of Business

Mailing Address

5830 Lake Underhill Road
Orlando, FL 32807

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

4-1-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3172112

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P T S	Michael M. Bibliowicz	4095 Scarlet Iris Place	Winter Park, FL 32792
V	Dale C. Harrington	5138 Fairway Oaks Drive	Windermere, FL 34786

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****665.00 ****665.00

SP

8. Name and Address of Current Registered Agent

Lefkowitz, Ivan M.
430 N. Mills Ave.
Orlando, FL 32803

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 7-21-99

11. This corporation owes 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

7/23/99 407
658-0228
Date Daytime Phone #

CR2E081 (12/98)



Orlando Ear, Nose & Throat Associates, P.A.

Michael M. Bibliowicz, D.O. • Dale C. Harrington, D.O.

Ear, Nose & Throat

Head & Neck Surgery, Facial Plastic Surgery, E.N.T. Allergy, Hearing Aids

July 21, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is a check in the amount of \$665 to bring the status of Orlando Ear, Nose & Throat Associates, P.A. current. I request an abatement of penalties and interest since a corporate annual report and dissolution notice was not received in 1996

Please advise if you should need any additional information.

Very truly yours,


Michael M. Bibliowicz

Enclosure