

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000014007

1. Corporation Name

NICK M. UNGSON, M.D., P.A.

Principal Place of Business

1218-A WEST DIXIE AVENUE
LEESBURG FL 34748

Mailing Address

1218-A WEST DIXIE AVENUE
LEESBURG FL 34748

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/09/1998

5. FEI Number

59-3500597

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	UNGSON, NICK M MD	1218A WEST DIXIE AVE	LEESBURG FL 34748
ST	UNGSON, LOURDES N	1218A WEST DIXIE AVE	LEESBURG FL 34748
			000004669010--3 -11/06/01--01055--020 ****150.00 ****150.00
			01 UBE 78

8. Name and Address of Current Registered Agent

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

UNGSON, NICK M
1218-A WEST DIXIE AVENUE
LEESBURG FL 34748

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.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E40 (9/01)

PAY 2012

BROOKS, WILEY, YOUNG, PADGETT & KLEISER, PA

CERTIFIED PUBLIC ACCOUNTANTS

W. THOMAS BROOKS, CPA
TOM WILEY, CPA
HERBERT P. YOUNG, JR., CPA
GREGORY P. PADGETT, CPA
CHERI KLEISER, CPA

GLENN G. WETZ, CPA
LEE WILEY, CPA
KENNETH D. STOFF, CPA
BARBARA R. SHEPARD, CPA

To: Department of State
From: Nick M. Ungson, M.D., P.A.
Taxpayer ID Number: **59-3500597**
Date: 10/18/01
Re: Uniform Business report

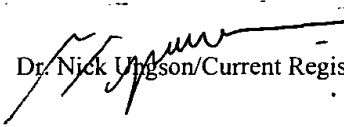
Dear Sir or Madam:

We respectfully request that your office abate or reduce the late fee assessed against Dr. Nick Ungson. The extra fee has resulted from an innocent error, specifically not receiving the notice in the mail. We fully intent to correct our neglect by enclosing a check for \$150.00.

Please consider the payment history since the Doctor started in 1998, in which each year the check was sent in with the notice in a timely basis.

Since our intent is to pay what is due, we have taken corrective action to prevent future errors of this type. We look forward to hearing from your office.

Sincerely,


Dr. Nick Ungson/Current Registered agent

Mary Grissom/Bookkeeper



Members of American & Florida Institutes of Certified Public Accountants

206 NORTH THIRD STREET • LEESBURG, FLORIDA 34748 • 352-787-8682 • FAX: 352-728-3156
1515 BUENOS AIRES BOULEVARD • THE VILLAGES, FLORIDA 32159 • 352-750-6800 • FAX: 352-750-6805
SUMTER COUNTY: 352-748-2488