

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 12 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008784

1. Corporation Name

BUFFALO MEDICAL CENTER

2. Principal Office Address

Same

3. Mailing Office Address

2nd # B
508 W. Dr. M.L. King

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33603 Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

01-98

5. FEI Number

59-3489197

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FEHINTOLA OGUNTEBI

Street Address (P.O. Box Number is Not Acceptable)

109 NORTH ARMENIA Ave

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

F. Oguntebi

REGISTERED AGENT MUST SIGN

Date

4/23/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	ELIZABETH METZGER	President	508 W. Dr. M.L. King Ave # B, TAMPA, FL 33609
	OLG W. METZGER	Vice	1433 South Kirkman Rd, # 2051 Island Club Apt, OKLAHOMA, FL 32811
	K.W. METZGER	SEC.	734 Williams Street, Newark, N.J 07102
	W.D. METZGER	Treasurer	2613 REGAL OAKS LN, LUTZ, FL 33559

10. 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:

WALWIN D. METZGER, SEC

Date

Daytime Phone #

813
4/20/03 3522