

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 18 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 317156

1. Corporation Name

FAMILY PRACTICE, INC.

Principal Place of Business

Mailing Address

8830 NW 89TH AVE.  
GAINESVILLE FL 32606

8830 NW 89TH AVE.  
GAINESVILLE FL 32606

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

2. New Principal Office Address, If Applicable

4300 NW 89th Blvd

3. New Mailing Office Address, If Applicable

4300 NW 89th Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

US

Zip

32606

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1987

5. FEI Number

50-1108004

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
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
DVC	HUGHEY, P. JAN	8830 NW 89TH AVE 4300 NW 89th Blvd.	GAINESVILLE FL 32606
DP	PEDDIE, EDWARD	8830 NW 89TH AVE 4300 NW 89th Blvd.	GAINESVILLE FL 32606
DS	DEMONTMOLLIN, STEPHEN J	8830 NW 89TH AVE 4300 NW 89th Blvd.	GAINESVILLE FL 32606

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-11/21/96-01033-013

\*\*\*383.75 \*\*\*383.75

JB11-19-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEMONTMOLLIN, STEPHEN J

8830 NW 89TH AVE  
GAINESVILLE FL 32606

Name

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

4300 NW 89th Blvd.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

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

Stephen J. Demontmollin

REGISTERED AGENT MUST SIGN

Date

9-18-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Stephen J. Demontmollin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-96 (352) 337-8707

Date

Daytime Phone