

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 NOV -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **451853**

1. Corporation Name

JOHN G. YOUNG M.D., P.A.

Principal Place of Business

Mailing Address

9371-11, CYPRESS LK DR.
FT. MYERS FL 33919
US

9371-11 CYPRESS LK DR.
FT MYERS FL 33919

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1974

5. FEI Number

59-1538382

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	YOUNG, JOHN G	19565 LOST CREEK DR.	FT. MYERS FL

900004698629--6
-11/29/01-01058-017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUFFNER, CHARLES L
44 BRICKELL AVENUE, SUITE 800
MIAMI FL 33131

Name

KTG&S Registered Agent Corporation

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

Bank of America Tower, 100 SE 2nd Street

Suite, Apt. #, Etc.

Suite 2800

City

Miami

State

FL

Zip Code

33131-2144

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.

KTG&S Registered Agent Corporation

Signature of
Registered Agent

By:

Stanley H. Ruffner, Vice President

Date

11/6/2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John G. Young, MD

Date

Daytime Phone #

11/31/01 941-481-4000

CR2E040 (801)