

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **457094**

1. Corporation Name

**ARTHUR A. BARLIS, M.D., P.A.**

Principal Place of Business

601 MAIN ST  
MEASE MEDICAL ARTS  
DUNEDIN F 34698  
US

Mailing Address

601 MAIN STREET  
MEASE MEDICAL ARTS  
DUNEDIN FL 34698  
US

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

07/17/1974

5. FEI Number

59-1552344

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	BARLIS, ARTHUR A	2080 MUIRFIELD WAY	OLDSMAR FL 34677
VP	BARLIS, BETTYE	2080 MUIRFIELD WAY	OLDSMAR FL 34677

300024188503  
10/28/03 01013 023 \*\*150.00

8. Name and Address of Current Registered Agent

BARLIS, ARTHUR A  
2080 MUIRFIELD WAY  
OLDSMAR FL 34677

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Arthur A. Barlis*  
REGISTERED AGENT MUST SIGN

Date 10/22/03

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:

*ARTHUR A. BARLIS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03  
Date

727-734-6593  
Daytime Phone #

CR2040 (7/03)

10/22/03

Dear Donna J Corporations  
re. 457094

I just received notice that you did not  
review my annual report in April 2003.  
It has been my customary procedure to  
send this annual report along with \$150 check  
each year before my birthday (April 1). Since  
review just revealed check was never cashed  
I am enclosing a new \$150 check and this  
letter as per Justin to keep the  
corporation an active status.

Sincerely

Arthur A. Badi MD.

President of ARTHUR A BAZIS MD PC