

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 13 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **459837**

1. Corporation Name

**JOHN J. BRADY, M.D. P.A.**

Principal Place of Business

Mailing Address

301 TURNER ST  
CLEARWATER FL 34616  
US

315 PONCE DE LEON BLVD.  
BELLEAIR FL 33756  
US

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



REINSTATEMENT 03

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/20/1974	
City & State		City & State		5. FEI Number	
Zip		Country		59-1551721	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BRADY, JOHN J., M.D.	301 TURNER ST	CLEARWATER FL
DS	MARQUARDT, EMIL C., JR.	400 CLEVELAND ST.	CLEARWATER FL.
D	BRADY, MARY	315 PONCE DE LEON BLVD.	BELLEAIR FL 33756

500023749295  
10/13/03--01063--006 \*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARQUARDT, JR. EMIL C. 400 CLEVELAND STREET CLEARWATER FL 33516		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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. or 617.0505, F.S.

Signature of Registered Agent: *Emil C. Marquardt, Jr.* Date: 10-10-03

REGISTERED AGENT MUST SIGN

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: *John J. Brady, M.D.* Date: 10/11/03 727 586 4806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E040 (7/03)

John J. Brady, M.D. P.A.  
315 Ponce De Leon Boulevard  
Belleair, Florida 33756

October 10, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: John J. Brady, M.D. P.A.  
59-1551721

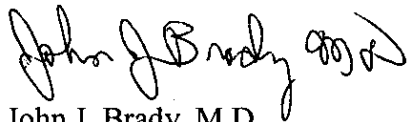
Dear Sir/Madam:

Attached is the Application for Reinstatement for John J. Brady M.D. P.A. along with check for \$150.00.

As I did not receive any notices prior to this date, I respectfully request that the reinstatement fees and penalties be waived.

If you need any further information, please let me know.

Very truly yours,

A handwritten signature in black ink that reads "John J. Brady, M.D." with a stylized flourish at the end.

John J. Brady, M.D.  
President, John J. Brady, M.D. P.A.