

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 APR 23 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 462622

**1. Corporation Name**

Harris L. Bonnette, M.D., P.A.

300004194923--8

-05/11/01--01018--005

\*\*\*\*908.75 \*\*\*\*908.75

**2. Principal Office Address**

12460 Panasoffkee Drive

Suite, Apt. #, etc.

City & State

North Fort Myers, FL

Zip

33903

Country

USA

**3. Mailing Office Address**

12460 Panasoffkee Drive

Suite, Apt. #, etc.

City & State

North Fort Myers, FL

Zip

33903

Country

USA

**REINSTATEMENT** 00-01

**4. Date Incorporated or Qualified**

To Do Business in Florida

10/15/74

**5. FEI Number**

59-1552633

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Harris L. Bonnette, M.D.

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

12460 Panasoffkee Drive

Suite, Apt. #, Etc.

City

North Fort Myers,

State

FL

Zip Code

33903

**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

*H. Bonnette*

REGISTERED AGENT MUST SIGN

Date

3/27/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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

PD

Harris L. Bonnette, M.D.

12460 Panasoffkee Drive

North Fort Myers, FL 33903

LS

**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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

*H. Bonnette*

Harris L. Bonnette, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-939-2863

Daytime Phone #