

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 15 AM 10:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 506629

1. Corporation Name

Associates in Obstetrics and Gynecology,
M.D., P.A.

600019839436
05/23/03--01029--027 **1200.00

2. Principal Office Address

13031 McGregor Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

Country

33919

US

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 7, 1976

5. FEI Number

59-1683258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-03

7. Name and Address of Current Registered Agent

Name

Konstantine K. Yankopolus

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

13031 McGregor Blvd.

Suite, Apt. #, Etc.

City

Fort Myers, FL 33919

State

FL

Zip Code

33919

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

[Signature]

Date 5-14-03

Konstantine K. Yankopolus REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
S/T P/VP	Konstantine K. Yankopolus	13031 McGregor Blvd.	Ft. Myers, FL 33919

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Konstantine K. Yankopolus

Date

5-14-03

Daytime Phone #

CR2E081 (10/02)

91 5/15