

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 25 PM 3:59

DOCUMENT # 525073

1. Corporation Name
 GEORGE K. JAMES, M.D., P.A.

Principal Place of Business 4513 NORTH ARMENIA AVENUE TAMPA FL 33603	Mailing Address 4513 NORTH ARMENIA AVENUE TAMPA FL 33603
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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	4. Date Incorporated or Qualified To Do Business in Florida 02/01/1977
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-1715119
City & State	City & State	Applied For Not Applicable
Zip	Country	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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	JAMES, GEORGE K	4513 N ARMENIA AVE	TAMPA FL
S	KATHLEEN, JAMES	4513 N. ARMENIA AVE	TAMPA FL
			100003033251--3 -11/02/99--01108--016 ****150.00 ****150.00

8. Name and Address of Current Registered Agent JAMES, GEORGE K 4513 N ARMENIA AVE TAMPA FL 33603	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.
 Signature of Registered Agent: *George K. James* Date: 10/22/99
 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: *Kathleen James* Date: 10/21/99 Daytime Phone #: 813-879-2277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)

GEORGE K. JAMES, M.D., P.A.
4513 N. ARMENIA AVENUE
TAMPA, FLORIDA 33603

THORACIC AND VASCULAR SURGERY
FELLOW AMERICAN COLLEGE OF SURGEONS

TELEPHONE (813) 879-2277
FAX (813) 875-3363

Florida Department of State

To Whom It May Concern:

Enclosed is the application for reinstatement and a check for \$150.00, (check #12556).

I never received a reapplication form or a second form notifying me of the corporation fee due.

I spoke with Stacey, at your office on October 21, 1999, and she informed me to send the form with the normal filing fee of \$150.00.

She also informed me that doing this, the corporation will be reinstated.

If there are any further questions, please contact me at 813-879-2277.

Sincerely,

Kathleen James

Kathleen James

October 21, 1999