

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 547822

1. Corporation Name

BENNETT, JOHNSON & SAVEL, M.D.'S, P.A.

Principal Place of Business

Mailing Address

1230 S MYRTLE AVE
204
CLEARWATER FL 34616
US

1230 S MYRTLE AVE
204
CLEARWATER FL 34616
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33756

Country

Zip
33756

Country

REINSTATEMENT *JB*

4. Date Incorporated or Qualified To Do Business in Florida

09/28/1977

5. FEI Number

59-1764481

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BENNETT, JEAN LESTER	1230 S MYRTLE AVE SUITE 204	CLEARWATER FL
S	JOHNSON STEPHEN W.	1230 S MYRTLE AVE SUITE 204	CLEARWATER FL
T	SAVEL GREG H.	1230 S MYRTLE AVE SUITE 204	CLEARWATER FL

500002703745--1
-12/04/99--01100--014
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENNETT, JEAN L.
1230 S MYRTLE AVE
204
CLEARWATER FL 34616

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL 33756

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

Jeannette Bennett
REGISTERED AGENT MUST SIGN

Date

10/23/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/88)