


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

98 DEC -7 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **557049**

1. Corporation Name  
**CHARLES D. SCARBOROUGH, M.D., P.A.**

Principal Place of Business <b>459 N. THIRD ST. MACLENNY FL 32063 US</b>	Mailing Address <b>RT-2 BOX 633 MACLENNY FL 32063 US</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT 98**

2. New Principal Office Address, if Applicable <b>31 S. 5th Street</b> Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable <b>31 S. 5th Street</b> Suite, Apt. #, etc.
City & State <b>Macclenny FL</b>	City & State <b>Macclenny FL</b>
Zip <b>32063</b>	Country <b>BAKER</b>
Zip <b>32063</b>	Country <b>Baker</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>01/01/1978</b>		
5. FEI Number <b>59-1795303</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/>	

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	SCARBOROUGH, CHARLES D.	RT 2 BOX 633	MACCLENNY FL
			000002709370--7 -12/10/36--01091--008 ****750.00 ****750.00
			<b>12/10</b>

8. Name and Address of Current Registered Agent

**SCARBOROUGH, CHARLES D  
RT 2 BOX 633  
MACCLENNY FL 32063**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**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.

Signature of Registered Agent **[Signature]** **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date **12-3-98**

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)(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]** **Charles D Scarborough** Date **12-3-98** Daytime Phone # **904 259-2725**

CR2E040 (9/88)