

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 13 PM 12:40

DOCUMENT # 597862

1. Corporation Name

JOHN JOSEPH JANICK, M.D., P.A.

2. Principal Office Address

4369 TAMIAMI TRAIL

3. Mailing Office Address

4369 TAMIAMI TRAIL

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

CHARLOTTE HARBOR, FL

City & State

CHARLOTTE HARBOR, FL

Zip

33980

Country

USA

Zip

33980

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1900239

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

JANICK, JOHN JOSEPH M.D.

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

4369 TAMIAMI TRAIL

Suite, Apt. #, Etc.

SUITE 100

City

CHARLOTTE HARBOR

State

FL

Zip Code

33980

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

John J. Janick, M.D.

REGISTERED AGENT MUST SIGN

Date

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
PST	JOHN JOSEPH JANICK, M.D.	4369 TAMIAMI TRAIL SUITE 100	CHARLOTTE HARBOR, FL 33980
D	JOHN JOSEPH JANICK, M.D.	4369 TAMIAMI TRAIL SUITE 100	CHARLOTTE HARBOR, FL 33980

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:

John J. Janick, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2004 941-629-3366

Date

Daytime Phone #

CR2E081 (10/02)