

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 DEC 30 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 600268

## 1. Corporation Name

ALLERGY IMMUNOLOGY SPECIALISTS, P.A., R. KENT MOELLER,  
M.D., SOLOMON D. KLOTZ, M.D.

## Principal Place of Business

303 East Par Street  
Orlando, FL 32804

## Mailing Address

303 East Par Street  
Orlando, FL 32804

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

04/26/1967

## Suite, Apt. #, etc.

## Suite, Apt. #, etc.

## 5. FEI Number

59-1199725

## Applied For

Not Applicable

## City &amp; State

## City &amp; State

## Zip

## Country

## Zip

## Country

## 6.

CERTIFICATE OF STATUS DESIRED ☐ ☒

## 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| D/P/S         | Moeller, R. K.                            | 1510 Rock Lake Drive   | Orlando, FL 32805       |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

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-01/12/00--01005--006  
\*\*\*\*750.00 \*\*\*\*750.00

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## 8. Name and Address of Current Registered Agent

Klotz, Solomon D.  
3206 Middlesex  
Orlando, FL 32803

## 9. Name and Address of New Registered Agent

## Name

Moeller, R. K.

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

1510 Rock Lake Drive  
Suite, Apt. #, Etc.

## City

Orlando

## State

FL

## Zip Code

32805

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

R. K. Moeller

REGISTERED AGENT MUST SIGN

Date December 23, 1999

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. K. Moeller, President

December 23, 1999

Date

(407)  
425-3549

Daytime Phone #