

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -1 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600439**

1. Corporation Name

B.J. LA CLAIR, M.D., P.A.

Principal Place of Business

121 AVENIDA MESSINA
SARASOTA FL 34242

Mailing Address

121 AVENIDA MESSINA
SARASOTA FL 34242

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1968

5. FEI Number

59-1218558

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	MOREAU, F.W.	P.O. Box 15007	SARASOTA FL 34277
PD	LACLAIR, BARRY J	121 AVENIDA MESSINA	SARASOTA FL 34242
VD	STEPHENSON, PHYLLIS A.	5967 CATTLE RIDGE BLVD	SARASOTA FL 34232
			200004274752-5.
			-05/21/01--01180--005
			***300.00 ***300.00

8. Name and Address of Current Registered Agent

LACLAIR, BARRY J
121 AVENIDA MESSINA
SARASOTA FL 33581

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

Barry J. LaClair MD

REGISTERED AGENT MUST SIGN

Date

4-6-01

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.

BARRY J. LACLAIR MD

SIGNATURE:

Barry J. LaClair MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-01 941 3496161

CR2E040 (8/00)