

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

93 MAR 24 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600566

1. Corporation Name

HOBBY, SMITH & NANTAIS, MD'S, PA

Principal Place of Business

2191 9TH AVENUE NORTH
SUITE 120

ST PETERSBURG, FL 33713

Mailing Address

2191 9TH AVENUE NORTH
SUITE 120

ST PETERSBURG, FL 33713

REINSTATEMENT

AD

97-99

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

11/24/68

5. FEI Number

59-1224060

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/D	MICHAEL J. SMITH	1100 FRIENDLY WAY SOUTH	ST PETERSBURG, FL 33705
V/T/D	ROBERT P. NANTAIS	1208 DARLINGTON OAK CIRCLE NE	ST PETERSBURG, FL 33703

3000002828293--4
-04/02/99--01086--016
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MICHAEL J. SMITH
2191 9TH AVENUE NORTH
SUITE 120
ST PETERSBURG, FL 33713

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

REGISTERED AGENT MUST SIGN

Date 3-15-99

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)(b), 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.

MICHAEL J. SMITH, PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

727-328-7775

Date

Daytime Phone

CRP 2007-12-98