

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 22 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 600707

1. Corporation Name

MATTHEWS CLINIC, INC.

Principal Place of Business

Mailing Address

1315 S. ORANGE AVE.  
ORLANDO FL 32806

1315 S. ORANGE AVE.  
ORLANDO FL 32806

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

2. New Principal Office Address, If Applicable

1251 MILLER AVE

Suite, Apt. #, etc.

SUITE D

City, State

WINTER PARK

Zip

32789

Country

USA

3. New Mailing Office Address, If Applicable

1251 MILLER AVE

Suite, Apt. #, etc.

SUITE D

City, State

WINTER PARK

Zip

32789

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/24/1998

5. FEI Number

50-1226189

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	JOHN SHIM, M.D.	1015 S. ORANGE AVENUE	ORLANDO FL
VP	RICHARD SMITH, M.D.	1315 S. ORANGE AVENUE	ORLANDO FL
S	JAMES F. RICHARDS, JR. M	1315 S. ORANGE AVENUE	ORLANDO FL
TR	ROBERT DUGGAN, D.P.M.	1315 S. ORANGE AVENUE	ORLANDO FL
D	SHIM, JOHN	1315 S. ORANGE AVE	ORLANDO FL

8. Name and Address of Current Registered Agent

COOLIDGE, ROBERT C.  
1315 S. ORANGE AVE  
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name RICHARD SMITH, M.D.

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

1251 MILLER AVE

Suite, Apt. #, Etc.

SUITE D

City

WINTER PARK

State

FL

Zip Code

32785

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 10/21/99

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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\*\*\*750.00 \*\*\*750.00

Date

Daytime Phone #