

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

00 OCT 30 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601475

1. Corporation Name

JOHN J. RAHAIM, M.D., P.A.

Principal Place of Business

3300 ATLANTIC BLVD
JACKSONVILLE FL 32207

Mailing Address

3300 ATLANTIC BLVD
JACKSONVILLE FL 32207

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

09/30/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1272921

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	RAHAIM, JOHN J	2722 WHITE OAK LANE	JACKSONVILLE, FL 00000
TD	HAYES, JAMES F	1550 RIVERSIDE AVE	JACKSONVILLE, FL 00000
SD	RAHAIM, SARAH	2722 WHITE OAK LN	JAX, FL 00000
			700003469487--0 -11/20/00--01011--0006 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

RAHAIM, JOHN J
3300 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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

X

SIGNATURE REQUIRED

Date

10/27/00

REGISTERED AGENT MUST SIGN

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.

John J. Rahaim

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/00

Daytime Phone #

904-398
8611

2 of 2

JOHN J. RAHAIM, M.D., P.A.

3300 Atlantic Blvd.
Jacksonville, Florida 32207

October 27, 2000

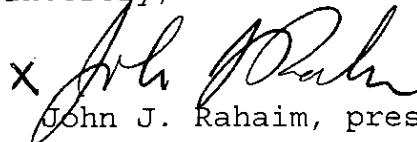
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: John J. Rahaim, M.D., P.A.
Document 601475
Reinstatement of Corporation

Gentlemen,

We did not receive the 2000 Uniform Business Report for the current year by mail. The only notice that we received was in October 2000 and it was the Notice of Administrative Dissolution of Revocation. We are attaching the Application for Reinstatement which we received with the above mentioned notice and are sending \$150.00. Please accept our check and reinstate our corporation.

Sincerely,

x 
John J. Rahaim, pres