

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION

00 OCT 24 PM 2:06



REINSTATEMENT

00

DOCUMENT # **601838**

1. Corporation Name  
**RICHARD N. LONG MD PA**

Principal Place of Business Mailing Address  
 3314 HENDERSON BLVD. SUITE 206 3314 HENDERSON BLVD.  
 TAMPA FL 33609 STE. 206  
 TAMPA FL 33609  
 US

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  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/31/1969**  
 5. FEI Number **59-1285097** 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	City / State / Zip
PD	LONG,RICHARD N	3314 HENDERSON BLVD.S206	TAMPA FL
D	TURKEL,ROBERT	1211 N. WESTSHORE #500	TAMPA FL

300003455653--7  
 11/07/00 01094 009  
 \*\*\*750.00 \*\*\*750.00  
 AB 11/3

8. Name and Address of Current Registered Agent  
**LONG,RICHARD N**  
**3314 HENDERSON BLVD. SUITE 206**  
**TAMPA FL 33609**

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 **Richard N Long MD** REGISTERED AGENT MUST SIGN  
 Date **17 OCT '00**

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: **Richard N Long MD** **RICHARD N. LONG, MD** 17 OCT 00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **813-872-7773**

CR2E040 (800)