

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 MAY 23 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 602541

1. Corporation Name

Clayton & Clayton, M.D.'s, P.A.

Principal Place of Business

Mailing Address

3000 E. Fletcher Avenue  
Suite 360  
Tampa, FL 33613

3000 E. Fletcher Avenue  
Suite 360  
Tampa, FL 33613

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 910-97  
DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

11/23/70

5. FEI Number

59-1307459

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 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/ T/D	Clayton, M. D., III	3000 E. Fletcher Ave., #360	Tampa, FL 33613

600002192566--8  
-05/28/97--01013--008  
\*\*\*915.00 \*\*\*915.00

365-23-97

8. Name and Address of Current Registered Agent

Clayton, M. D., III  
3000 East Fletcher Avenue  
Suite 360  
Tampa, FL 33613

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 \_\_\_\_\_

I am 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

*MD Clayton III MD*  
REGISTERED AGENT MUST SIGN

Date 5/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all taxes owed by the corporation have been paid. 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:

*MD Clayton III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. D. Clayton, III

5/20/97  
Date

(813) 632-0344  
Daytime Phone #

CR-2003 (12/96)