

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 20 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602801

1. Corporation Name

THOMAS S. HERMAN M.D., P.A.

100066256431
02/21/06--01018--026 **1050.00

REINSTATEMENT 00-06

CR2E081 (12/05)

2. Principal Office Address

2911 WEST HAWTHORNE RD

Suite, Apt. #, etc.

3. Mailing Office Address

2911 WEST HAWTHORNE RD

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33611-2829

Country

USA

City & State

TAMPA FLORIDA

Zip

33611-2829

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/1991

5. FEI Number

59-1357509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS S. HERMAN MD

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

2911 WEST HAWTHORNE ROAD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33611-2829

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

THOMAS S. HERMAN

REGISTERED AGENT MUST SIGN

Date

1 Feb 2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
(P) PRESIDENT	THOMAS S. HERMAN M.D.	2911 WEST HAWTHORNE RD.	TAMPA, FL, 33611-2829

100066256431
02/21/06--01018--027 **8.75

10. 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 contained in Chapter 119, 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.

THOMAS S. HERMAN

SIGNATURE:

THOMAS S. HERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1 Feb 2006 (813) 831-4668

Daytime Phone #

Thomas S. Herman M.D., F.A.C.S.

2911 West Hawthorne Road

Tampa, Florida 33611-2829

M: THOMAS S. HERMAN M.D., P.A.
DOCUMENT#: 602801

To whom —

I did not receive any post
cards or notices since the year 2000 —
So, I would like for the late fee
to be waived —

Enclosed is \$1050⁰⁰ and \$875 for
certification of Status —

Thank You —

Thomas S. Herman — 