

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

98 JUN -9 PM 11:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**APPLICATION
 FOR
 REINSTATEMENT**

DOCUMENT # 603928 (3)
 1. Corporation Name
 Carlos F. Gonzalez, M.D., P.A.

Principal Place of Business Mailing Address
 7991 S. Suncoast Blvd. P.O. Box 1940
 Homosassa, FL 34446 Homosassa Springs, FL
 34447

000002561950---3
 -06/16/98--01121--002
 ***1200.00 ***1200.00

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 | |
| | | Above | | 11/22/72 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number | |
| | | | | 59-1425832 | |
| City & State | | City & State | | Applied For | |
| | | | | Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|-------------------------|
| PSTD | GONZALEZ, CARLOS F. | 286 NW Magnolia Circle | Crystal River, FL 34428 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 95-98

TS 6/11

| | | | |
|--|--|--|-------------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| GONZALEZ, CARLOS F. 286 NW MAGNOLIA CIRCLE CRYSTAL RIVER, FL 34428 | | 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 REGISTERED AGENT MUST SIGN Date 6/5/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Carlos F. Gonzalez, M.D. 6/5/98 (352)382-8282
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC040 (1/98)