

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604940

1. Corporation Name

GULF COAST MEDICAL ASSOCIATES, P.A.

REINSTATEMENT 1994-98

Principal Place of Business

6302 Corporate Court
Fort Myers, FL 33919

Mailing Address

6302 Corporate Court
Fort Myers, FL 33919

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2030 Crawford Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2030 Crawford Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1/11/74

5. FEI Number

16-1000499

Applied For

Not Applicable

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33901

Country

Lee

Zip

33901

Country

Lee

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 Title(s)	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	Vijaya Ratnesar	2030 Crawford Street	Fort Myers, FL 33901

000002626950-6
-08/27/98-01078-015
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

Vijaya Ratnesar
6302 Corporate Court
Fort Myers, FL 33919

9. Name and Address of New Registered Agent

Name
Vijaya Ratnesar
Street Address (P.O. Box Number is Not Acceptable)
2030 Crawford Street
Suite, Apt. #, Etc.
City Fort Myers
State FL Zip Code 33901

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 7/25/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

PENDING DETERMINATION

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/98

941 334 3066

Date Daytime Phone #

CR2E040 (1/98)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gulf Coast Medical Associates
P.A.

File
Second

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Comlet _____

Signature _____

Requested by: CS

Name _____

Date 8/27

Time 10:10

Walk-In _____

Will Pick Up _____