


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 NOV 29 PM 1:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **623231**
 1. Corporation Name
RICHARD C. WALKER, M.D., P.A.

Principal Place of Business	Mailing Address
2407 N ROOSEVELT BLVD P.O. BOX 2699 KEY WEST FL 33040-3837 US	24207 N ROOSEVELT BLVD P.O. BOX 2699 KEY WEST FL 33040-3837 US



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable 2407 N. Roosevelt Blvd	3. New Mailing Office Address, If Applicable SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Key West FL	City & State
Zip 33040-3837 Country US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 05/29/1979	SP
5. FEI Number 50-1908893	Applied For Not Applicable
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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WALKER, RICHARD C	2407 N ROOSEVELT BLVD	KEY WEST, FL 00000
VPD	SCHULTZ SCOTT	2407 N ROOSEVELT BLVD	KEY WEST FL 33040

300003065353--6
 -12/09/99--01053--016
 750.00 750.00

8. Name and Address of Current Registered Agent

WALKER, RICHARD
 2407 N ROOSEVELT BLVD
 PO BOX 2699
 KEY WEST FL 33045

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

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 C. Walker* Date: **11-17-99**

REGISTERED AGENT MUST SIGN

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 C. Walker* Date: **11-2-99** Daytime Phone #: **305-294-1068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2500 (0/99)