

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 631611

1. Corporation Name

ARMSTRONG, GARCIA, JONES & VON THRON, M.D., P.A.

Principal Place of Business

2123 W. MARTIN LUTHER KING BLVD.
TAMPA FL 33607
US

Mailing Address

2123 W. MARTIN LUTHER KING BLVD.
TAMPA FL 33607
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1979

5. FEI Number

59-1947411

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ARMSTRONG, R.S., M.D.	2123 W. BUFFALO AVENUE	TAMPA FL
SD	GARCIA, JAY J., M.D.	2123 W. BUFFALO AVENUE	TAMPA FL
TD	JONES, GALEN, M.D.	2123 W BUFFALO AVENUE	TAMPA FL
SD	VON THRON, JAMES	2123 W BUFFALO AVE	TAMPA FL
			200002857412--0 -11/26/97--01010--016 ***1500.00 >****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERGMANN, CHARLES E.
4830 W. KENNEDY BLVD. #750
TAMPA FL 33609

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Charles E. Bergmann

REGISTERED AGENT MUST SIGN

Date 11-20-97

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)(l), 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

Date

Daytime Phone #

FILED
97 NOV 24 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E040 (8/97)