

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harlan
DIVISION OF CORPORATIONS

FILED

00 MAR -6 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 655039

1. Corporation Name

RICHARD A. BOLT, M.D., P.A.

Principal Place of Business

Mailing Address

90 SEA MARSH RD.
AMELIA ISLAND FL 32024

90 SEA MARSH RD.
AMELIA ISLAND FL 32034

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

2. New Principal Office Address, If Applicable

623 N. GRANDVIEW AV

Suite, Apt. #, etc.

90 R.A. PHELAN

City & State

DAYTONA BEACH FL

Zip

32118-3820

Country

3. New Mailing Office Address, If Applicable

P.O. Drawer 7928

Suite, Apt. #, etc.

Hilton Head Island

City & State

SC

Zip

29938

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/06/1980

5. FEI Number

59-1981463

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BOLT, RICHARD A., M.D.	9 Beacon Pl 90 SEA MARSH RD.	AMELIA ISLAND FL Dautuskie Is SC 29915
ST	BOLT, E. JEAN	9 Beacon Pl 90 SEA MARSH RD.	AMELIA ISLAND FL Dautuskie Island SC 29915
			500002171605--8 -03/15/00--01098--023 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

BOLT, RICHARD

90 SEAMARSH ROAD

AMELIA ISLAND FL 32038

9 Beacon Place
Dautuskie Island
SC 29915

9. Name and Address of New Registered Agent

Name

RAYMOND A. PHELAN

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

623 N. GRANDVIEW AV

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32118-3820

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3/1/00

4/10/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Jean Bolt

Date

1/10/00

Daytime Phone #

(843) KE
842-
5701

CR-E040 (8/99)