

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 # **698644**

1. Corporation Name

**JOLLY THOMAS, M.D., F.A.C.P., P.A.**

Principal Place of Business

1026 S RIDGEWOOD AVE.  
DAYTONA BEACH FL 32114

Mailing Address

1026 S RIDGEWOOD AVE.  
DAYTONA BEACH FL 32114

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.

**2264 BAYVILLAGE COURT**

City & State

**PALM BEACH GARDENS, FL**

Zip

**33410**

Country

**U.S.A.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**2264 BAYVILLAGE COURT**

City & State

**PALM BEACH GARDENS, FL**

Zip

**33410**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/12/1981**

5. FEI Number

**59-2165511**

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)

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	THOMAS, JOLLY	1026 S RIDGEWOOD AVENUE 2264 BAYVILLAGE COURT	DAYTONA BEACH FL PALM BEACH GARDENS, FL 33410
ST	HEARIN, GERALDINE SCRIVA, SAM	1026 S RIDGEWOOD AVENUE 3602 LAKE MONT COURT	DAYTONA BEACH FL PALM BEACH GARDENS, FL 33402
AS	ALLEN, CHARLES J THOMAS, GEORGE	555 W GRANADA BLVD., SUITE D-10 297 CANTERBURY DRIVE WEST	ORMOND BECH FL PALM BEACH GARDENS, FL 33418
			600002215856--6 -06/18/97--01070--006 ****923.75 ****923.75
			<b>REINSTATEMENT 910-97</b>

8. Name and Address of Current Registered Agent

**ALLEN, CHARLES M JR.**  
**555 W GRANADA BLVD**  
**SUITE D-10**  
**ORMOND BEACH FL 32174**

9. Name and Address of New Registered Agent

Name

**JOLLY THOMAS**

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

**2264 BAYVILLAGE COURT**

Suite, Apt. #, Etc.

City

**PALM BEACH GARDENS**

State

**FL**

Zip Code

**33410**

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 **11-15-96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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

**JOLLY THOMAS, MD** **11/15/96**

Date

Daytime Phone #