

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name 711563

AMERICAN PHYSICIANS GUILD, INC.

2. Principal Office Address

715 Indian River Avenue

Suite, Apt. #, etc.

City & State

Titusville FL

Zip

32780

Country

Brevard

3. Mailing Office Address

715 Indian River Avenue

Suite, Apt. #, etc.

City & State

Titusville FL

Zip

32780

Country

Brevard

REINSTATEMENT 80-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/04/1966

5. FEI Number

59-1203556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harold A. Yount

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

715 Indian River Avenue

Suite, Apt. #, Etc.

City

TITUSVILLE

State

FL

Zip Code

32780

188841939171
10/18/04--01069--007 **1715.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Harold A. Yount

REGISTERED AGENT MUST SIGN

Date 10/13/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Harold A. Yount	715 Indian River Avenue	Titusville, FL 32780
VP/D	Arthur W. Yount	866 Lakeside Drive	North Palm Beach, FL
S/T/D	Carl N. Reilly	304 Nesbit Street	Punta Gorda, FL

10. 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:

Harold A. Yount

Harold A. Yount

10/13/2004

321-631-6750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)