

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

DOCUMENT # 728914

1. Corporation Name

CENTRAL FLORIDA PEDIATRIC SOCIETY, INC.

97 NOV 13 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3008 CHELSEA STREET
ORLANDO FL 32803
US

Mailing Address

3008 CHELSEA STREET
ORLANDO FL 32803
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

02/22/1974

5. FEI Number

23-7422278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 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
VPD PD	Lewis, Brenda ROSENBERG, STEVEN	1403 Medical Plaza Dr. 1890 SEMORAN BLVD., #215	Sanford, FL 32771 WINTER PARK FL
D TD	Signer, Richard SILVERSTEIN, MEL DEAL	P.O. Box 56605 NA 661 EAST ALTAMONTE DRIVE	Orlando, FL 32856-8605 ALTAMONTE SPRINGS FL
M	HOIT, Jim.	3008 Chelsea ST	Orlando, FL 32803
S	HOIT, Elizabeth	3008 Chelsea ST	Orlando, FL 32803

8. Name and Address of Current Registered Agent

ROSENBERG, STEVEN
1890 SEMORAN BLVD. #215
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600002845256-4

-11/17/97-01131-002

*****8.75 State *****8.75

FL

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

Steven Rosenberg

REGISTERED AGENT MUST SIGN

600002845256-4

-11/17/97-01131-002

*****236.25 *****236.25

(See other side for information
on intangible tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☒

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:

Steven Rosenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/97

Date

407-678-4040

Daytime Phone #

CP2E040 (8/97)