

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 # 731726

1. Corporation Name

JUPITER ISLAND MEDICAL FUND, INC  
P.O. BOX 375 HOBE SOUND, FL 33475

Principal Place of Business

Mailing Address

JUPITER ISLAND

P.O. BOX 375  
HOBE SOUND  
FL 33475

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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
PRES	ECKLEY B. COXE (D)	2 BASSETT CREEK TRAIL - NO	HOBE SOUND, FL 33475
SEC	DANIEL C. Searle (D)	326 So. Beach Rd	HOBE SOUND, FL 33475
TRES	FREDRICK C. FORD, JR (D)	283 So. Beach Rd	HOBE SOUND, FL 33475

300002104853--0  
-03/05/97--01059--009  
\*\*\*1522.50 \*\*\*1522.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ECKLEY B. COXE

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

2 Bassett Creek Trail - No

Suite, Apt. #, Etc.

City

HOBE SOUND

State

FL

Zip Code

33475

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

Eckley B. Cox

REGISTERED AGENT MUST SIGN

Date

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:

ECKLEY B. COXE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eckley B. Cox, Pres

Date

7/28/97

Daytime Phone #

561  
546-5831

CR2E040 (12/96)