

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
01-02-UBR
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 28 PM 4:00

DOCUMENT # **744602**

1. Corporation Name

PHILIPPINE MEDICAL SOCIETY OF FLORIDA, INC. EAST COAST CHAPTER

2. Principal Office Address

225 W. ASHLEY AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32202

Country

USA

3. Mailing Office Address

225 W. ASHLEY AVE.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32202

Country

USA

300004926589--6

-02/14/02--01065--004

*****70.00 *****70.00

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-1978

5. FEI Number

59-3036122

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

NORMITA PAPA-PATANGAN

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

225 W. ASHLEY AVE.

Suite, Apt. #, Etc.

City

JACKSONVILLE,

State

FL

Zip Code

32202

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

REGISTERED AGENT MUST SIGN

Date 12-28-01

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
PRES <input checked="" type="checkbox"/>	NORMITA PAPA-PATANGAN	4618 NORWOOD AVE.	JACKSONVILLE, FL 32206
VP <input checked="" type="checkbox"/>	FRANCIS ONG	580 WEST 8TH ST., STE 713	JACKSONVILLE, FL 32209
SEC <input checked="" type="checkbox"/>	ESTER MACAM	717 BALMORAL LANE	ORANGE PARK, FL 32073
TREAS <input checked="" type="checkbox"/>	ANTOINETTE KOE	1543 KINGSLEY AVE.	ORANGE PARK, FL 32073
AUD <input checked="" type="checkbox"/>	BENJAMIN SAMERA	P.O. BOX 846	BRANFORD, FL 32008

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-01

Date

904-768-0313

Daytime Phone #