

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 12 PM 1:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

800088455158
02/16/07--01001--008 **1461.25

REINSTATEMENT 87-07

CR2E081 (1/07)

DOCUMENT # 766728

1. Corporation Name:

The Medical Arts of Panama City Condominium
Association, Inc.

2. Principal Office Address - No P.O. Box #

740 Harrison Ave.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

USA

3. Mailing Office Address

740 Harrison Ave.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1983

5. FEI Number

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 Richard B. Wilson

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

740 Harrison Avenue

Suite, Apt. #, Etc.

City Panama City

State FL

Zip Code 32401

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 2/7/2007

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
PD	Richard B. Wilson	740 Harrison Ave.	Panama City, FL 32401
PD	George E. Reuss	740 Harrison Ave.	Panama City, FL 32401
SD	Richard Adelman	738 Harrison Ave.	Panama City, FL 32401
VPD	Ikram Haq	750 Harrison Ave.	Panama City, FL 32401
	BS 2113		

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 contained in Chapter 119, 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

Richard B. Wilson, Pres

850-785-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #