

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -8 PM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F03323

1. Corporation Name

LAURENCE TOWNE WYLIE, M.D. and  
CHONA de GRACIA WYLIE, M.D., P.A.

700005492667--3

-05/08/02--01068--020

\*\*\*1907.50 \*\*\*1907.50

2. Principal Office Address

150 S. BEACH ST.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL.

City & State

Zip

32174

Country

Volusia

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-23-80

5. FEI Number

59 2042349

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

1989-2002 UBR

7. Name and Address of Current Registered Agent

Name

LAURENCE TOWNE WYLIE, M.D.

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

150 S. BEACH ST

Suite, Apt. #, Etc.

Suite A

City

ORMOND BEACH

State

FL

Zip Code

32174

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

Laurence J. Wylie, M.D.

REGISTERED AGENT MUST SIGN

Date

4-1-02

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	CHONA deGracia Wylie	150 S. BEACH	ORMOND BEACH, FL 32174
Tres.	" " "	" " "	" " "
V.P.	LAURENCE TOWNE WYLIE	" " "	" " "
Sec'y	" " "	" " "	" " "

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:

Laurence Towne Wylie, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-02

Daytime Phone #

(386)

672-2100

CR2E081 (9/01)



Laurence T. Wylie, M.D., P.A.  
Chona Degracia-Wylie, M.D., P.A.

150 SOUTH BEACH STREET, SUITE A

ORMOND BEACH, FL 32174

TELEPHONE: (386) 672-2100

FAX: (386) 672-2135

April 3, 2002

Florida Dept. of State  
Corporate Records  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of Corporation Laurence Towne Wylie, M.D. and  
Chona de Gracia-Wylie, M.D., P.A.

Dear Sir:

I am requesting that the penalties be waved regarding corporate reinstatement. We were incorporated in 1980 and until Fall 1987 had offices at 1095 Mason Ave., Daytona Beach, FL 32017. We then moved to our current address at 150 S. Beach St., Ormond Beach, FL 32174. It appears that the requests from your office for annual fees were never received by office staff and the problem was only discovered when I applied recently for a business loan and the banker went on line and discovered that your office had involuntarily dissolved our Corporation effective October 13, 1989. Enclosed is a check for \$1,907.50 as recommended by the review officer in telephone consultation.

Thank you for your kind attention to this matter.

Sincerely,

Laurence T. Wylie, M.D.  
LTW:mhr