

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 DEC 17 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F05133

1. Corporation Name

THOMAS R. FANN, D.P.M., P.A.

Principal Place of Business

LAKE HOWELL SQUARE  
1120 SEMORAN BLVD  
CASSELBERRY FL 32707

Mailing Address

LAKE HOWELL SQUARE  
1120 SEMORAN BLVD  
CASSELBERRY FL 32707

LAKE HOWELL SQUARE  
MEDICAL CENTER



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/01/1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-2051095	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
ST	FANN, JULIANA M	716 SYBILWOOD CIRCLE	WINTER SPRINGS, FL 00000- 32708
P	FANN, THOMAS R.	716 SYBILWOOD CIRCLE	WINTER SPRINGS FL 32708
			4000002725634--2
			-12/29/98--01093--001
			****758.75 ****758.75
			REINSTATEMENT '98
			500 12-17-98

8. Name and Address of Current Registered Agent

FANN, THOMAS R DPM PA  
LK HOWELL SQUARE 1120 SEMORAN BLVD  
CASSELBERRY, FL  
32707

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

THOMAS R. FANN  
REGISTERED AGENT MUST SIGN

Date 12/15/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

JULIANA M. FANN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/98 (407) 671-8010  
Date Daytime Phone #

CR2E040 (9/98)