

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 20 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14204

1. Corporation Name

Michael E. Sweet, M.D., P.A.

2. Principal Office Address
2221 E. Ocean Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Stuart, Florida

Zip

34996

Country

USA

3. Mailing Office Address
2221 E. Ocean Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Stuart, Florida

Zip

34996

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida: 01/01/81

5. FEI Number
592046890

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

M. Lanning Fox

Street Address (P.O. Box Number is Not Acceptable)
1100 South Federal Highway

Suite, Apt. #, Etc.

P.O. Drawer 6

City

Stuart

State
FL

Zip Code

34995-0006

800036932255
05/19/04--01054--012--\$3918.75

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

M. Lanning Fox

REGISTERED AGENT MUST SIGN

Date 5/17/04

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
DP	Michael E. Sweet, MD	2221 E. Ocean Blvd., Ste. 100	Stuart, FL 34996

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)(l), 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

5/11/04

Date

Daytime Phone #

CR2081 (01/04)