

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

65-0456215

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 26 PM 4:00

DOCUMENT # F31272

1. Corporation Name

DONALD C. WILLIS, M.D., P.A.

Principal Place of Business

Mailing Address

7300 S.W. 62ND PLACE  
SECOND FLOOR  
MIAMI FL 33143

7300 S.W. 62ND PLACE  
SECOND FLOOR  
MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1911 Miccosukee Rd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3835 E. Millers Bridge  
Suite, Apt. #, etc. Road

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1981

5. FEI Number 65-0456215

~~50-2006761~~

Applied For

Not Applicable

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32308

Country

Zip  
32312

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTSD	WILLIS, DONALD	7300 S.W. 62ND PLACE	MIAMI FL 33143

8. Name and Address of Current Registered Agent

WILLIS, DONALD C., M.D.  
7300 S.W. 62ND PLACE  
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

Donald C. Willis, M.D.

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

3835 E. Millers Bridge Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3-25-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date

850 6568026

Daytime Phone #

CR2E040 (8/01)