

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY -4 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

99-00
DOCUMENT # F31283

1. Corporation Name

David A. Green, OD., PA

2. Principal Office Address

16095 Wells Rd.

Suite, Apt. #, etc.

City & State

Orange Park FL 32073

Zip

Country

US.

3. Mailing Office Address

16095 Wells Rd.

Suite, Apt. #, etc.

City & State

Orange Park FL 32073

Zip

Country

US.

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1974

SR

5. FEI Number

592075094

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

David A. Green OD

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

3017 Doctors Lake Dr.

Suite, Apt. #, Etc.

100003264501-1

-05/24/00-01009-010

***308.75 ***308.75

City

Orange Park

State

FL

Zip Code

32073

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-17-2000

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
P	David Green, OD	3017 Doctors Lake Dr.	Orange Park, FL 32073

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #