

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 14 PM 1:48

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F31283

1. Corporation Name

DAVID A GREEN OD. P.A.

2. Principal Office Address

1615 COUNTY ROAD 220

Suite, Apt. #, etc.

SUITE 140

City & State

ORANGE PARK FLA

Zip

32003

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700009641667
01/14/03--01028--019 **150.00

700009641667
12/23/02--01069--002 **900.00

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

1974

5. FEI Number

59-2075994

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)

2575 Sandlewood Circle

Suite, Apt. #, Etc.

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

1/06/03

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 A Green, OD	2575 Sandlewood Circle	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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A GREEN 12/19/02

Date

Daytime Phone #

9042722020

CR2081 (9/01)