

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F36596**

1. Corporation Name

WOMENS CARE OF BRANDON, P.A.

Principal Place of Business

C/O JERRY N STEIN MD
731 S. PARSONS AVE.
BRANDON FL 33511
US

Mailing Address

C/O JERRY N STEIN MD
731 S. PARSONS AVE.
BRANDON FL 33511
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

05/28/1981

5. FEI Number

59-2098520

Applied For

Not Applicable

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)

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
DP	STEIN, JERRY N	731 S. PARSONS AVE.	BRANDON FL
D	WHITEHEAD, KEITH D	731 S. PARSONS AVE.	BRANDON FL

7000002707917--0
-12/09/98--01105--001
***750.00 ***750.00

12/1/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEIN, JERRY
731 S. PARSONS AVE.
BRANDON FL 33511

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

REGISTERED AGENT MUST SIGN

Date

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)(f), 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:

Keith D. Whitehead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Keith D. Whitehead

12-3-98
Date

813-681-9171
Daytime Phone #

APPROVED
AND
FILED

98 DEC -7 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (8/98)