

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *96-2000*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F53220**

1. Corporation Name

JOHN W. GAVIN, M.D., P.A.

Principal Place of Business

Mailing Address

~~18120 SAN CARLOS BLVD~~

~~STE 300~~

~~FT MYERS FL 33901~~

~~JIS~~

~~P.O. BOX 60572~~

~~FT MYERS FL 33906~~

~~JIS~~

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

2. New Principal Office Address, If Applicable

1349 Chalon Lane

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

33919

Country

USA

Zip

Country

REINSTATEMENT *96-2000*

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1981

SP

5. FEI Number

59-2135361

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
ST	GAVIN, JOHN W	18120 SAN CARLOS BLVD <i>1349 Chalon Lane</i>	FT MYERS, FL 00000 <i>33919</i>
PD	GAVIN, JOHN W	1349 CHALON LANE	FT MYERS, FL 00000 <i>33919</i>
			000003168270---1 -03/14/00--01027--009 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

GAVIN, JOHN W

~~18120 SAN CARLOS BLVD~~ *1349 Chalon Lane*

FT MYERS FL ~~33901~~

33919

9. Name and Address of New Registered Agent

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

John W. Gavin
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *Feb 4, 2000*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

John W. Gavin
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4, 2000 (941)482-8528
Date Daytime Phone #

CR2E040 (7/96)