

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000162765780
11/12/09--01037--017 **150.00

REINSTATEMENT 09

DOCUMENT # F59792

1. Corporation Name

Richard B Lewis, M.D., P.A.

2. Principal Office Address - No P.O. Box #

4710 North Habana Ave.

3. Mailing Office Address

same

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33614

Country

USA

Zip

Country

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

1983 June 15

5. FEI Number
592158531

☐ 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

Richard B Lewis

Street Address (P.O. Box Number is Not Acceptable)
4913 New Providence Ave

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33629

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Richard B Lewis

Date

10/13/09

REGISTERED AGENT MUST SIGN

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
president	Richard B Lewis (P)	4913 New Providence Ave.	Tampa FL 33629

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 contained in Chapter 119, 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:

Richard B Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B Lewis

Oct. 13 2009

Date

813 870 3850

Daytime Phone #

11/16/09