

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F90350

1. Corporation Name

WILLIAM H. KNIBBS, M.D., P.A.

Principal Place of Business

Mailing Address

13050 MANDARIN RD  
JACKSONVILLE FL 32223  
US

10350 MANDARIN RD  
JACKSONVILLE FL 32223  
US

incorrect  
address.

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

32223

FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/1982

5. FEI Number

59-2201722

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
PTS	KNIBBS, WILLIAM H MD	13050 MANDARIN ROAD	JACKSONVILLE FL

000002346920--8  
-11/13/97-01032-017  
\*\*\*\*165.00 \*\*\*\*165.00

11/12/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASBURY, LLOYD T.  
214 N. CLAY STREET SUITE 100  
JACKSONVILLE FL 32202-1435  
4500

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

11/5/97

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)(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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.H. KNIBBS MD

Date

11-4-97

Daytime Phone #

904-292-9480

CR2040 (8/97)

2

November 4, 1997

13050 Mandarin Rd  
Jacksonville, FL 32223-1750

DIVISION OF CORPORATIONS  
REINSTATEMENT SECTION  
POB 6327  
TALLAHASSEE, FLORIDA 32314-6327

To whom it may concern:

Today I received the first and only document referring to my Annual Corporate Report and applicable fees.

After reviewing the inside information, it was apparent to me the reason why I did not receive the other notifications: The principal place of business and the mailing address should be the same, but the mailing address is INCORRECT.

I spoke with a gentleman named Sean who informed me to send a check for \$165.00 to cover the annual report fees and send this form with the corrections to your attention.

I thank you for your kind consideration in this matter,

Respectfully submitted,



William H. Knibbs, MD