

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



98-99 AR  
FLORIDA DEPARTMENT OF STATE  
Pamela B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

50 JUN -2 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003137

1. Corporation Name

ANESTHESIA ALTERNATIVES, INCORPORATED  
ALTERNATIVES

Principal Place of Business

Mailing Address

5841 WHITE OAK DR.  
CRESTVIEW FL 32536

5841 WHITE OAK DR.  
CRESTVIEW FL 32536

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

REINSTATEMENT 98-99

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/1994

5. FEI Number

54-1556031

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
PS	ESTEP, HOMER D	5841 WHITE OAK DR.	CRESTVIEW FL 32536
VT	ESTEP, LORENDA K	5841 WHITE OAK DR.	CRESTVIEW FL 32536

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent:

ESTEP, HOMER D  
5841 WHITE OAK DR.  
CRESTVIEW FL 32536

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

Homer D Estep

REGISTERED AGENT MUST SIGN

Date 5-25-99

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 taxes 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:

Homer D. Estep

Homer D. ESTEP, Pres 12/20/98 850-682-7442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E040 (9/98)