

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 19 PM 2:53

DOCUMENT # F96000006516

1. Corporation Name

PHYSICIAN APPRAISAL SERVICE, INC.

Principal Place of Business

300 FIFTH AVE SOUTH  
STE #244  
NAPLES FL 34103  
US

Mailing Address

300 FIFTH AVE SOUTH  
STE 244  
NAPLES FL 34103  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/1996

5. FEI Number

58-2185987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	4. City / State / Zip
PC	COLLIFFLOWER, CHARLES E	881 Gulf Pavilion Drive	NAPLES FL

200003060542--0  
-12/03/99--01095--026  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

COLLIFFLOWER, CHARLES E Charles E. Colliflower  
646 PARK SHORE DR 881 Gulf Pavilion Drive  
NAPLES FL 34103 Pavilion Club, #202  
Naples, Florida 34108

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

C. E. Colliflower

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/10/99

11. 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.

AD

SIGNATURE:

C. E. Colliflower CHARLES E. COLLIFLOWER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99

Date

941-596-9701

Daytime Phone #