

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -7 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G46771

1. Corporation Name

RICHARD A. FRANCO, M.D., P.A.

Principal Place of Business

Mailing Address

777 37TH STREET
D-104
VERO BEACH FL 32960
US

777 37TH STREET
D-104
VERO BEACH FL 32960
US

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

2. New Principal Office Address, If Applicable

~~3755 7th TERRACE~~
Suite, Apt. #, etc. #204

City & State
Vero Beach, FL

Zip 32960 Country USA

3. New Mailing Office Address, If Applicable

~~3755 7th TERRACE~~
Suite, Apt. #, etc. #204

City & State
Vero Beach, FL

Zip 32960 Country USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1983

5. FEI Number

59-2327766

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 3	City / State / Zip 4
PST	FRANCO, RICHARD	777 37TH ST D-104	VERO BEACH FL 32960

600024510076

11/07/03--01050--031 **750.00

8. Name and Address of Current Registered Agent

BLOCK, SAMUEL A
2127 10TH AVE
VERO BCH FL 32960

9. Name and Address of New Registered Agent

Name Richard A. Franco, MD

Street Address (P.O. Box Number is Not Acceptable)
3755 7th TERRACE

Suite, Apt. #, Etc. #204

City Vero Beach

State FL

Zip Code 32960

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11.5.03

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.5.03

Date

772-585-0099

Daytime Phone #

CR2E040 (7/03)