

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 PM 4:16

DOCUMENT # G58181

1. Corporation Name

G

Edmund C. Weidner, M.D., P.A.

2. Principal Office Address

700 Second Avenue North

Suite, Apt. #, etc.

#205

City & State

Naples, Florida

Zip

34102

Country

USA

3. Mailing Office Address

700 Second Avenue North

Suite, Apt. #, etc.

#205

City & State

Naples, Florida

Zip

34102

Country

USA

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

09/06/1983

5. FEI Number

59-2317982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95-01

7. Name and Address of Current Registered Agent

Name

Marve Ann Alaimo, Esq.

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

24311 Walden Center Drive

Suite, Apt. #, Etc.

Suite 201

City

Bonita Springs

State

FL

Zip Code

34134

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***1650.00 ***1650.00

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**

Marve Ann Alaimo

REGISTERED AGENT MUST SIGN

Date 10/16/2001

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
PD	Edmund C. Weidner	700 Second Avenue North #205	Naples, Florida 34102

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 under section 119.07(3)(l), 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:

Edmund C. Weidner

Edmund C. Weidner

10/16/2001

(941) 263-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #