

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 22 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Don W. Smith, D.O., P.A.

2. Principal Office Address

1875 Beach Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Zip

32233

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/1984

5. FEI Number

592388897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lloyd T. Asbury, P.A.

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

214 N. Clay Street

Suite, Apt. #, Etc.

City

Jacksonville

State  
FL

Zip Code

32202

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

Lloyd T. Asbury

REGISTERED AGENT MUST SIGN

Date 01/12/01

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
DP	Don W. Smith, D.O.	1875 Beach Avenue	Atlantic Beach, FL
			32233
			KE

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)(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.

Don W. Smith, D.O.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01 9042428284

20f2

DON W. SMITH, D. O.  
1875 Beach Avenue  
Atlantic Beach, Florida 32233  
904/242-8284

January 17, 2001

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Corporate Reinstatement  
Don W. Smith, D. O., P. A.

Dear Sir or Madam:

This letter is to inform you that I did not receive yearly annual reports for the above corporation for the years 1998 through 2001. Enclosed is our reinstatement form with the address for all future annual reports.

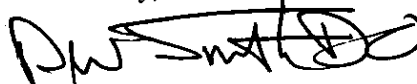
~~ENCLOSURE~~

Also enclosed is a check in the following amount indicating the amount due to reinstate our corporation into active status:

\$150.00	for year 1998
\$150.00	for year 1999
\$150.00	for year 2000
<u>\$150.00</u>	for year 2001
\$600.00	total

Thank you for your attention to this matter.

Sincerely,



Don W. Smith, D. O., P. A.

DWS:ks

Enclosure