

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 14 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G93568

1. Corporation Name

DORN & ASSOCIATES, M.D., P.A.

Principal Place of Business

Mailing Address

~~452 S. MINNIE STREET~~
~~LONGWOOD FL 32750~~
US

~~452 S. MINNIE STREET~~
LONGWOOD FL 32752
US

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

2. New Principal Office Address, If Applicable

330 Evansdale Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 520667

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Longwood, FL

Zip

32746

Country

USA

Zip

32752

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1984

5. FEI Number

59-2379932

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
PST	DORN, JONATHAN S.M.D.	452 S. MINNIE STREET 330 Evansdale	LONGWOOD FL Lake Mary, FL 32746

~~800002720958~~ 6
-12/23/98-01062-013
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORN, JONATHAN S., M.D.

~~452 S. MINNIE STREET~~ 330 Evansdale Rd.
~~LONGWOOD FL 32750~~ Lake Mary, FL 32746

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

Jonathan S. Dorn **SIGNATURE REQUIRED** Jonathan S. Dorn

Date 12/6/98

REGISTERED AGENT MUST SIGN

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 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)(f), 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:

Jonathan S. Dorn **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan S. Dorn, Pres. 12/6/98 407-767-0240

Date

Daytime Phone #

CR2E040 (9/98)