

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 DEC 26 AM 10:27

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **H14990**

1. Corporation Name

JOSE R. ANTUNES, M.D., P.A.

Principal Place of Business

Mailing Address

1425 S OSPREY AVE
 SUITE 4
 SARASOTA FL 34239
 US

% JOSE R. ANTUNES
 809 MANGROVE PT RD
 SARASOTA FL 34242



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2440508

Applied For

Not Applicable

City & State

City & State

SARASOTA

SARASOTA

Zip 34239

Country SARASOTA

Zip FL

Country SARASOTA

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	4 City / State / Zip
P	ANTUNES, JOSE R.	350 GOLDEN GATE POINT	SARASOTA FL 34236
		378 GOLDEN GATE PT	

800025761738
 12/25/03--01012--009 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSE R. ANTUNES, M.D. P
 1425 SOUTH OSPREY AVENUE
 SUITE 4
 SARASOTA FL 34239

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

SARASOTA

FL

34239

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

12/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

12/20/03

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CR2E040 (7/03)