

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **LLOYD G. WICKBOLDT, M.D., P.A.**

H 24235

800007316978--3
-08/23/02--01070--010
****900.00 ****900.00

2. Principal Office Address
4020 Maguire Blvd.

3. Mailing Office Address
4020 Maguire Blvd.

Suite, Apt. #, etc.
2307

Suite, Apt. #, etc.
2307

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip Country
32803 U.S.A.

Zip Country
32803 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **October 5, 1984**

5. FEI Number
592450363

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
Lloyd G. Wickboldt

Street Address (P.O. Box Number is Not Acceptable)
4020 Maguire Blvd.

Suite, Apt. #, Etc.
2307

City
Orlando

State Zip Code
FL 32803

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 G. Wickboldt

REGISTERED AGENT MUST SIGN

Date **8/19/02**

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
PSTD.	Lloyd G. Wickboldt	4020 Maguire Blvd. Apt. 2307	Orlando, Florida 32803

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.

SIGNATURE:

Lloyd G. Wickboldt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Lloyd G. Wickboldt**

8/19/02 4076169920

Daytime Phone #