

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR REINSTATEMENT

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

FILED

97 MAY 30 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 131829

1. Corporation Name

DAVID JACOB M.D., P.A.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1501 ALT 19 SOUTH

3. New Mailing Office Address, If Applicable

166 OLD OAK CIRCLE

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

PALM HARBOR FL

Zip

34689

Country

US

Zip

34683

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

11/84

5. FEI Number

59-2479101

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
D	DAVID JACOB M.D.	166 OLD OAK CIRCLE	PALM HARBOR FL 34683
			90000219809--2 -06703797--01066--002 ***1088.75 ***1088.75
			REINSTATEMENT 95-97 JCB 6-2-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name DAVID JACOB M.D.
Street Address (P.O. Box Number is Not Acceptable) 166 OLD OAK CIRCLE
Suite, Apt. #, Etc.
City PALM HARBOR FL State FL Zip Code 34683

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

David Jacob M.D.
REGISTERED AGENT MUST SIGN

Date 4/15-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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

DAVID JACOB MD

4/15-97

Date

813-945-1929
Daytime Phone #

CR2E040 (12/96)