

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H37003**

1. Corporation Name

KENNETH W. JONES, M.D., P.A.

Principal Place of Business

Mailing Address

% KENNETH W. JONES, M.D.
 1004 EDGEWOOD AVENUE, WEST
 JACKSONVILLE FL 32208

% KENNETH W. JONES, M.D.
 1004 EDGEWOOD AVENUE, WEST
 JACKSONVILLE FL 32208

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 20 PM 3:30



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/07/1985

5. FEI Number

59-2489232

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	4 City / State / Zip
DP	JONES, KENNETH W., M.D.	1004 EDGEWOOD AVE., WEST	JACKSONVILLE FL
			500003455965--3 -11/07/00--01114--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

JONES, KENNETH W. M.D.
 1004 EDGEWOOD AVENUE, WEST
 JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00
 Daytime Phone #

CR2ED40 (8/00)