

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54078

1. Corporation Name

PHILLIP W. HORN, JR., M.D., P.A.

Principal Place of Business

300 HEALTH PARK BLVD
SUITE 5002
ST AUGUSTINE FL 32086

Mailing Address

300 HEALTH PARK BLVD
SUITE 5002
ST AUGUSTINE FL 32086

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1985

5. FEI Number

59-2520810

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	HORN, PHILLIP W., JR.	300 HEALTH PARK ., #5002	ST AUGUSTINE FL
D	HORN, PHILLIP W., JR.	301 HEALTH PARK BLVD 215	ST AUGUSTINE FL

8. Name and Address of Current Registered Agent

AKEL, EDWARD C.

~~2301 INDEPENDENT SQUARE~~
~~JACKSONVILLE FL 32202~~

9. Name and Address of New Registered Agent

Name

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

1 INDEPENDENT DR.

Suite, Apt. #, Etc.

SUITE 2301

City

JACKSONVILLE

State

FL

Zip Code

32202

CR2E040 (8/02)

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


REGISTERED AGENT MUST SIGN

Date Oct. 27, 2002

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

10-21-02

Date

Daytime Phone #

(904)
829 6571

Phillip W. Horn, Jr., M.D.

Pediatric and Adolescent Medicine

300 HEALTH PARK BLVD., SUITE 5002

ST. AUGUSTINE, FLORIDA 32086

PH (904) 829-6591 • FAX (904) 824-8856

October 31, 2002

Dear Sirs:

I relieved a notice of my corporation's status as inactive with an application for reinstatement. Your form also states that I was sent a first and second notice and that I had failed to return paper work in a timely manner.

I never received a first nor a second notice. My office has been at Flagler Hospital for 18 years. Three years ago I moved my practice to a different building in the same hospital. If any mail had come to me at the old address, the mail room would have sent it to me. I have never been told that mail has been sent to me which I failed to get. I relieved no such mail from you the first nor the second time.

As per your instructions, I am enclosing a check for \$150 for the reinstatement fee.

If you have any questions, please call me.

P. Horn - M.D.

Phillip W. Horn, Jr., M.D.