

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED

97 NOV 10 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H54475

1. Corporation Name

JAMES M. BALLIRO, M.D., P.A.

Principal Place of Business

1892 BUFORD BLVD.  
TALLAHASSEE FL 32308

Mailing Address

1892 BUFORD BLVD.  
TALLAHASSEE FL 32308

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

04/30/1985

5. FEI Number

59-2529594

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
DP	BALLIRO, JAMES M	1892 BUFORD BLVD.	TALLAHASSEE FL

700002346907-8  
-11/13/97-01092-014  
\*\*\*\*165.00 \*\*\*\*165.00

Handwritten signature: J. Balliro

8. Name and Address of Current Registered Agent

BALLIRO, JAMES M  
1892 BUFORD BLVD.  
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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

Date

Daytime Phone #

11/5/97 (OSU) 6562926

CR2E040 (8/97)

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**James M. Balliro, M.D., P.A.**

1892 Buford Boulevard  
Tallahassee, Florida 32308-4442  
(850) 656-2926  
Fax (850) 877-7151

Diplomate American  
Board of Surgery

Practice Limited To  
General and Peripheral Vascular Surgery

Fellow American  
College of Surgeons

November 7, 1997

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

We recently received a Certificate of Administrative Dissolution or Revocation from your office. After looking into this matter we have found that we never received your notice in January or in July of this year. We are a very small office and the mail goes to one person and one person only. No such notice has ever come through our office.

Enclosed is our check for \$165.00 which was the original amount due. We regret paying this so late but had we known it was due it would have been paid when it was due much earlier in the year. We also regret any inconvenience this may have caused you.

Thank you for your kind assistance and if you have any questions please don't hesitate to call.

Respectfully,



James M. Balliro, M.D.

JMB/krc