

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H63885

1. Corporation Name

NEWTON, WILKERSON & GREENBERG, M.D.'S, P.A.

Principal Place of Business

1919 SWANN AVE.
TAMPA FL 33606

Mailing Address

2123 W MARTIN LUTHER KING JR BLVD
TAMPA FL 33607
US

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

2. New Principal Office Address, If Applicable

2123 W. Martin L. King Jr Blvd

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Tampa FL

Suite, Apt. #, etc.

City & State

City & State

Zip

33607

Country

USA

Zip

Country

REINSTATEMENT 97

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1985

5. FEI Number

59-2558413

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	GREENBERG, STEVEN L.	1919 SWANN AVE.	TAMPA FL
ST	NEWTON, WILLIAM A.	1919 SWANN AVE	TAMPA FL

100002357411--3

11/26/97-01010-016

1500.00 *750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVEN M. SAMAHA
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33602

Name

Bergmann, Charles E.

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

4830 W. Kennedy Blvd

Suite, Apt. #, Etc.

750

City

TAMPA

State
FL

Zip Code

33609

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-20-97

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/97 8760904

Daytime Phone #

CR2040 (8/97)