PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H69692

1. Corporation Name

Walter J. Szydlowski, Jr., M.D., P.A

2. Principal Office Address	**3.** Mailing Office Address		
11347 Cortez Blvd			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Brooksville, FL	City & State	**4.** Date Incorporated or Qualified To Do Business in Florida 8-1-85	
		5. FEI Number 59-2557439	Applied For / Not Applicable
Zip 34613	Country U.SA.	Zip	Country

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Walter J. Szydlowski, Jr. MD

100003827831--2
-03/09/01--01035--002
***1200.00   ***1200.00

Street Address (P.O. Box Number is Not Acceptable)
11347 Cortez Boulevard

Suite, Apt. #, Etc.

City Brooksville	State FL	Zip Code 34613

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____   Date 1/17/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Walter J. Szydlowski, Jr, M.D.	11347 Cortez Blvd	Brooksville, FL 34613
			100003827831--2 ***03/09/01--01035--002 ***1200.00
		REINSTATEMENT 98-0178	

10. 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: _____   Date 1/17/01   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR