

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

03 FEB 13 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H71382

1. Corporation Name

THOMAS R. BOULTER, MD, FACS, PA

2. Principal Office Address

311 N CLYDE MORRIS BLVD

Suite, Apt. #, etc.

SUITE 460

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

3. Mailing Office Address

311 N CLYDE MORRIS BLVD

Suite, Apt. #, etc.

SUITE 460

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

800009633408
12/23/02--01039--028 **1966.25

4. Date Incorporated or Qualified To Do Business in Florida
8/15/85

5. FEI Number

59-2560845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS R. BOULTER,

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

311 N CLYDE MORRIS BLVD, SUITE 460

Suite, Apt. #, Etc.

City

DAYTONA BEACH,

State

FL

Zip Code

32114

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

Thomas R. Boulter

REGISTERED AGENT MUST SIGN

Date

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	THOMAS R. BOULTER	311 N CLYDE MORRIS BLVD, 460	DAYTONA BEACH, FL 32114

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:

Thomas R. Boulter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

g 2/17

Thomas R. Boulter recently became aware that his corporation, Thomas R. Boulter, MD, FACS, PA, had been involuntarily dissolved as of November 16, 1987. Dr. Boulter was unaware of the annual filing requirements and he did not receive the Annual Report filing from your office. He has been diligent in filing all reports required of him that he has been aware of, including filing timely corporate returns, intangible returns and wage reports since the original date of incorporation. Now that he is aware of this annual requirement it will also be filed in a timely basis.

Per the information received from Markita at the Division of Corporations the reinstatement fee is \$1,957.50 and a \$8.75 fee for a Certificate of Status.

Thank you for your consideration in this matter.