

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H78907

1. Corporation Name

LOWELL A. ADKINS, M.D., P.A.

Principal Place of Business

Mailing Address

333 A. ATLANTIC BLVD.  
POMPANO BEACH FL 33069  
US

12631 SW 1ST. STREET  
PLANTATION FL 33325  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3135 W. Atlantic Blvd Suite 1415

Pompano Bch., FL

City & State

Zip  
33069

Country  
US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/1985

5. FEI Number

59-2659087

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
P	ADKINS, LOWELL A	12361 SW 1ST. ATREET	PLANTATION FL

700037671377  
06/04/04--01059--010 \*\*\$00.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUTCHINSON, WILLIAM N JR  
514 SE 7TH ST  
FT LAUDERDALE FL 33301

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. or 617.0505, F.S.

Signature of  
Registered Agent

*William N. Hutchinson*

REGISTERED AGENT MUST SIGN

Date

5/28/04

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)(l), 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:

*William N. Hutchinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JUN -4 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03-04

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CR2E040 (7/03)