PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JAN -5 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H98375

1 Corporation Name

HENRY J. COMITER, M.D., P.A.

Principal Place of Business
2501 N. Orange Avenue, #309
Orlando, FL 32804

Mailing Address
Same

REINSTATEMENT 96-98
DO NOT WRITE IN THIS SPACE

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

2 New Principal Office Address, If Applicable
2501 N. Orange Avenue
Suite Apt. #, etc.: #509
City & State: Orlando, FL
Zip: 32804 Country: Orange

3 New Mailing Address, If Applicable
2501 N. Orange Avenue
Suite Apt. #, etc.: #509
City & State: Orlando, FL
Zip: 32804 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 02/07/1986

5. FEI Number: 59-2630825 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	Comiter, Henry J.	2501 N. Orange Ave., #509	Orlando, FL 32804
D	Comiter, Henry J.	2501 N. Orange Ave., #509	Orlando, FL 32804

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-01/09/98--01074--013
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Henry J. Comiter
2501 N. Orange Avenue, #509
Orlando, FL 32804

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: Henry J. Comiter (REGISTERED AGENT MUST SIGN) Date: 12/19/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for explanation of intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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 upon 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., and that all fees owed by the corporation have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Henry J. Comiter, President (407)898-1588
(SIGNATURE AND TITLE OF PERSON WHOSE NAME IS SIGNING BELOW AS OFFICER)
Henry J. Comiter 12/30/97