

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 DEC -1 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J52057

1. Corporation Name

Gary Ronay, M.D., P.A.

REINSTATEMENT 00-06

2. Principal Office Address

503 Eichenfeld Dr.

Suite, Apt. #, etc.

Ste. 104

City & State

Brandon, FL

Zip

Country

33511

USA

3. Mailing Office Address

803 College Hill Way

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

Country

33511

USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/08/1987

5. FEI Number

59-2758114

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

Ronay, Gary

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

803 College Hill Way

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

REGISTERED AGENT MUST SIGN

Date

11/21/06

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
D	Ronay, Gary	803 Cottage Hill Way	Brandon, FL 33511

100082314741
12/01/06--01056--017 **1058.75

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 contained in Chapter 119, 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:

Gary Ronay M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/06

Date

813-684-7707

Daytime Phone #

BRANDON UROLOGY CENTER
GARY RONAY, M.D., P.A.
Urology and Genitourinary Surgery

503 EICHENFELD DRIVE, SUITE 104
BRANDON, FLORIDA 33511

242
TELEPHONE
(813) 684-7707

November 28, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement Form for Document #J52057

Dear Sir or Madam:

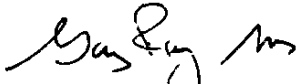
Please find enclosed the form for reinstating my corporation, Gary Ronay, M.D., P.A. The reinstatement fee of \$1,050 (\$150 x 7 years), plus \$8.75 for a Certificate of Status are also enclosed for a total of \$1,058.75

I did not include the \$600 reinstatement fee because, in speaking with your department, I was told that the 2000 annual report was returned to the state. I never received the 2000 annual report renewal notice and did not realize my corporation had been administratively dissolved until my banker informed me. I do not feel this was my fault, and I respectfully request that the \$600 reinstatement fee be waived.

If you need any further information or if I need to do anything further, please contact me at 813-684-7707.

Thank you for your kind attention to this matter.

Sincerely,


Gary Ronay, M.D., P.A.

Tel. 813-684-7707