


J65376

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J65376**

1. Corporation Name  
**Sand Lake Medical Associates, P.A.**

2. Principal Office Address <b>7575 Dr. Phillips Blvd.</b>		3. Mailing Office Address <b>200 S. Orange Ave.</b>	
Suite, Apt. #, etc. <b>#10</b>		Suite, Apt. #, etc. <b>Suite 2300</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32819</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**06 JAN 10 PM 4:16**

01/11/06--01001--005 \*\*750.00

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **April 3, 1987**

5. FEI Number **592805125**

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

**7. Name and Address of Current Registered Agent**

Name  
**A.G.C. Co.**

Street Address (R.O. Box Number is Not Acceptable)  
**200 S. Orange Ave.**

Suite, Apt. #, Etc.  
**Suite 2300**

City  
**Orlando**

State  
**FL**

Zip Code  
**32801**

01/10/06  
DC

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 *Victor H. Harding*, Vice Pres. Sand Lake Medical Associates, P.A. Date 1/9/06

REGISTERED AGENT MUST SIGN

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	Victor H. Harding	7575 Dr. Phillips Blvd.	Orlando, FL 32819
D	Deborah Harding	7575 Dr. Phillips Blvd.	Orlando, FL 32819

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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:** Victor H. Harding Date 1/9/06 Daytime Phone # 407-345-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Victor H. Harding*