

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PAID
AND
FILED

03 MAY -7 AM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J72261

1. Corporation Name

Howard G. Groshell, Jr., DPM PA

2. Principal Office Address

2236 Park ST.

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

Zip

32204

Country

USA

3. Mailing Office Address

2236 Park ST

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

Zip

32204

Country

USA

REINSTATEMENT 99-03

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

1992 ?

5. FEI Number

59-2809274-

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

Howard G. Groshell, Jr.

000018317180

05/07/03-01013-009 **1250-10

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

2236 Park ST.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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

Howard G. Groshell, Jr.
REGISTERED AGENT MUST SIGN

Date 4-25-03

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
Pres	Howard G. Groshell, Jr.	2236 Park ST	Jax., FL. 32204

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:

Howard G. Groshell, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 904 389-0344

CR2E081 (10/02)