

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K04381

1. Corporation Name

STEVEN HARDING MOSS, M.D., P.A.

Principal Place of Business

10441 QUALITY DR
SUITE #203
SPRING HILL FL 34809
US

Mailing Address

10441 QUALITY DR
SUITE #203
SPRING HILL FL 34809
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1987

5. FEI Number

59-2864050

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MOSS, STEVEN HARDING	10441 QUALITY DR SUITE 203	SPRING HILL FL 34609

500024805695
11/18/03--01055--023 **750.00

8. Name and Address of Current Registered Agent

WARFEL, TIMOTHY J.
2015 CENTRE PT. BLVD.
SUITE 105
TALLAHASSEE FL 32308

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. or 617.0505, F.S.

Signature of
Registered Agent

Timothy J. Warfel

REGISTERED AGENT MUST SIGN

Date

11/01/03

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)(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:

Steven Harding Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/11/03

Date

X 352-683-7566

Daytime Phone #

CR2E040 (7/03)