

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 NOV 15 AM 11:28

DOCUMENT # K27217

1. Corporation Name

NELSON A. TERZIAN, M.D., P.A.

Principal Place of Business

99198 OVERSEAS HWY STE 5 KEY LARGO FL 33037 US

Mailing Address

PO BOX 2668 KEY LARGO FL 33037 US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT 67

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0057755

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes handwritten signature and date 11/30.

900003488119-4 -12/05/00-01039-015 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

TERZIAN, NELSON A. MD 99198 OVERSEAS HWY. KEYLARGO FL 33037

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields for Name, Street Address, Suite/Apt. #, City, State (FL), and 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

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

11/11/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/00 305 451-1108

Daytime Phone #

CR2E040 (8/00)