

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K31802

1. Corporation Name

THOMAS C. GIBBS, M.D., P.A.

Principal Place of Business

% THOMAS C. GIBBS  
820 LUCERNE TERRACE  
ORLANDO FL 32801

Mailing Address

% THOMAS C. GIBBS  
820 LUCERNE TERRACE  
ORLANDO FL 32801

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1988

5. FEI Number

59-2906250

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
PD	GIBBS, THOMAS C.	820 LUCERNE TERRACE	ORLANDO FL

100008703931

10/30/02--01102--003 \*\*150.00

8. Name and Address of Current Registered Agent

GIBBS, THOMAS C.  
820 LUCERNE TERRACE  
ORLANDO FL 32801

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED  
THOMAS C. GIBBS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 407-648-5101

CR2E040 (8/02)

Thomas C. Gibbs, M.D., P.A.

820 Lucerne Terrace  
Orlando, Florida 32801  
(407) 648-5101

Diplomate American Board of Obstetrics  
and Gynecology

Fellow American College of Obstetrics  
and Gynecology

October 24, 2002

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

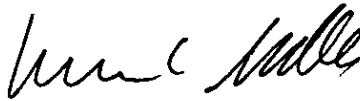
RE: Thomas C. Gibbs, M.D., P.A.  
59-2906250

Gentlemen:

Please be advised that we did not receive the two prior Uniform Business Report (UBR) Notices.

Enclosed is a completed application for reinstatement along with a check in the amount of \$150 for the UBR filing fee. Please reinstate the corporation as soon as possible.

Very truly yours,



Thomas C. Gibbs  
President

TCG/dc

enclosures