

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 NOV -7 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008866-7

11/07/02--01049--012 **150.00

DOCUMENT # K74482

1. Corporation Name

METRO MEDICAL PLAZA, INC.

Principal Place of Business

13691 METRO PARKWAY SOUTH
SUITE 100
FT MYERS FL 33912
US

Mailing Address

13691 METRO PARKWAY SOUTH
SUITE 100
FT MYERS FL 33912
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

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HOLMES, JOSEPH J	13691 METRO PKWY S STE 100	FORT MYERS FL 33912

8. Name and Address of Current Registered Agent

HOLMES, JOSEPH J
13691 METRO PKWY S
STE 100
FT MYERS FL 33912

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

CR2E040 (8/02)

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

Joseph J. Holmes Jr.
REGISTERED AGENT MUST SIGN

Date

10-30-02

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:

Joseph J. Holmes Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-02 239-768-5766

Daytime Phone #



Metro Medical Plaza Associates, Ltd.

Corner of Daniels Road and Metropolitan Parkway

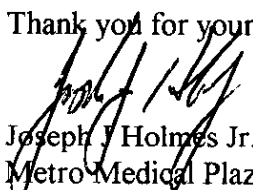
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 30, 2002

Dear Sir or Madam,

Metro Medical Plaza Inc. did not receive prior UBR notices for 2002. Please consider the enclosed application and payment for reinstatement.

Thank you for your consideration,


Joseph J. Holmes Jr., President
Metro Medical Plaza Inc.