

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 DEC 11 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K78086

1. Corporation Name

HERMAN M. DUPERAULT, JR., O.D., P.A.

Principal Place of Business

Mailing Address

% DR. HERMAN M. DUPERAULT, JR.
1123 N. 3RD ST.
JACKSONVILLE FL 32250

% DR. HERMAN M. DUPERAULT, JR.
1123 N. 3RD ST.
JACKSONVILLE FL 32250

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



700009213807
11/25/02--01095--005 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1989

5. FEI Number

59-2938763

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
OPT	DUPERAULT JR., HERMAN M.	1123 N. 3RD ST.	JACKSONVILLE BCH. FL
VS	DUPERAULT JR., HERMAN M.	1123 N. 3RD ST.	JACKSONVILLE BCH. FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUPERAULT, HERMAN M., JR.
1123 N. 3RD ST.
JACKSONVILLE FL 32250

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

Herman M. Duperault, Jr.
REGISTERED AGENT MUST SIGN

Date

12-09-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-21-02 (904) 246-4372