

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 13 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *02*



300008955963

11/13/02--01019--012 **750.00

DOCUMENT # **K88522**

1. Corporation Name

WARREN S. GOFF, D.O., P.A.

Principal Place of Business

~~10040 WINDTREE BLVD~~
~~SEMINOLE FL 34052~~
US

Mailing Address

~~10040 WINDTREE BLVD~~
~~SEMINOLE FL 34052~~
US

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

2. New Principal Office Address, if Applicable

6555 99th Way N. # 20A

Suite, Apt. #, etc.
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33708

Country
USA

3. New Mailing Office Address, if Applicable

6555 99th Way N. # 20A

Suite, Apt. #, etc.
20A

City & State
St. Pete FL

Zip
33708

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1989

5. FEI Number

59-2947973

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name 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	GOFF, WARREN S.	10040 WINDTREE BLVD	SEMINOLE FL 34052
D	Goff, Warren S.	6555 99th Way N # 20A	St. Petersburg, FL 33708

8. Name and Address of Current Registered Agent

GOFF, WARREN S.
~~10040 WINDTREE BLVD~~
~~SEMINOLE FL 34052~~

9. Name and Address of New Registered Agent

Name
Goff, Warren S.
Street Address (P.O. Box Number is Not Acceptable)
6555 99th Way N.
Suite, Apt. #, Etc.
20A
City
St. Pete. FL

State
FL

Zip Code
33708

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

REGISTERED AGENT MUST SIGN

Date **11-5-02**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-02

727-392-1839

CR2E040 (8/02)