

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K90299

1. Corporation Name

James C. Lovett, Jr., M.D., P.A.

2. Principal Office Address

11803 Hidden Hills Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32225

Country

Duval / USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/23/1989

5. FEI Number

59-2950084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Name and Address of Current Registered Agent

Name

James C. Lovett, Jr., M.D.

Street Address (P.O. Box Number is Not Acceptable)

11803 Hidden Hills Drive

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32225

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James C. Lovett Jr.

REGISTERED AGENT MUST SIGN

Date

1/18/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P,S,T	James C. Lovett, Jr., M.D.	11803 Hidden Hills Drive	Jacksonville, Fl. 32225
			900003128549-8
			-02/08/00--01134--013
			***2072.50 ***2072.50
			1922.50-Adm
			61.25-AR
			88.75-ARSLT

10. 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:

James C. Lovett Jr.
JAMES C. LOVETT JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/00

904/610-4832

Daytime Phone #