


# L0000000 7381

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0000000 7381

1. Corporation Name

Cocohatchee River Medical Building LLC

2. Principal Office Address

1656 Medical Blvd

Suite, Apt. #, etc.

Suite 301

City & State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900023720109  
10/10/03--01088--010 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

6/22/00

5. FEI Number

59-3758023

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven A. Meckstroth, MD

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

1656 Medical Blvd

Suite, Apt. #, Etc.

Suite 301

City

Naples

State

FL

Zip Code

34110

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



Date

10/9/03

REGISTERED AGENT MUST SIGN

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
Pres	Steven A. Meckstroth MD	1656 Medical Blvd St 301	Naples, FL 34110

REINSTATEMENT  
REINSTATEMENT

03-03  
dec

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)(f), 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

10/9/03

Date

239-593-6201

Daytime Phone #

CR2001 (10/02)