

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 22 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00990

1. Corporation Name

THE LAKEFRONT MEDICAL CENTER, P.A.

Principal Place of Business

Mailing Address

60 WEST COLUMBIA STREET
SUITE F
ORLANDO FL 32806

P.O. BOX 580364
ORLANDO FL 32856

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1989

5. FEI Number

57-0880084

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VARRAUX, ALAN R.	927 RIDGECREST DRIVE 6139 Greatwater Drive	ORLANDO FL 32806 Windermere, FL 34786

200004690152--4

-11/28/01-01098-006

***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BONANO, FRANK J.~~

60 WEST COLUMBIA STREET, SUITE F
ORLANDO FL 32806

Name

ALAN R. VARRAUX

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Alan R. Varraux
REGISTERED AGENT MUST SIGN

Date 10/19/01

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:

Alan R. Varraux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
Date 10/19/01

Daytime Phone #

407-841-0084