

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC -6 PM 12: 26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L07807**

1 Corporation Name

**DR. WILES & ASSOCIATES, #6970, P.A.**

Principal Place of Business

58 BLANDING BLVD  
ORANGE PARK FL 32073  
US

Mailing Address

% R. ANDREW WILES  
9480 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32225-8231

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2969456

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

SB-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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WILES, R. ANDREW	9480 ARLINGTON EXPRESSWAY	JACKSONVILLE FL 32225

500002022425--4  
-12/06/96--01084--002  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

WILES, R. ANDREW  
13126 POCOSIN DRIVE  
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name

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

*Richard Andrew Wiles, Reg Agent*  
REGISTERED AGENT MUST SIGN

Date 12/1/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*R. Andrew Wiles on PA Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/96 904-221-3017  
Date Daytime Phone #