

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L07807

1. Corporation Name

DR.WILES & ASSOCIATES, #6970, P.A.
268 St. Johns Golf Drive
St. Augustine, Fl. 32092

2. Principal Office Address

2 St.Johns Medical Park Dr.

Suite, Apt. #, etc.

City & State

St. Augustine, Fl.

Zip

32086

Country

USA

3. Mailing Office Address

268 St.Johns Golf Drive

Suite, Apt. #, etc.

City & State

St. Augustine, Fl.

Zip

32092

Country

USA

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

11/1/89

5. FEI Number

59-2969456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

R.ANDREW WILES

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

268 St.Johns Golf Drive

Suite, Apt. #, Etc.

City

St. Augustine,

State

FL

Zip Code

32092

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

R. Andrew Wiles

Date

11/24/3

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
P/D	R.Andrew Wiles	268 St.Johns Golf Drive St. Augustine, Fl. 32092	St. Augustine, Fl. 32092

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:

R. Andrew Wiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/3

Date

904-797-4628

Daytime Phone #

CR2E081 (10/02)