

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1997 OCT -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11160

1. Corporation Name

HABANA MEDICAL CENTER, INC

Principal Place of Business

**4700 N HABANA AVE
SUITE 602
TAMPA, FL 33614**

Mailing Address

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

08/24/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-2970216**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
DP	HOLLIDAY, JAMES A MD	4700 N HABANA AVE #602	TAMPA, FL 33614
DVP	DIACO, JOSEPH F MD	4700 N HABANA AVE #403	TAMPA, FL 33614
DS	BRANNAN, ANTHONY N MD	4700 N HABANA AVE #201	TAMPA, FL 33614

REINSTATEMENT
600002311826-5
-10/03/97-0415-006
***1080 03 ***1080 00

8. Name and Address of Current Registered Agent

**SOLOMON, LARRY E.
1505 N FLORIDA AVE
2700 BARNETT PLAZA
TAMPA, FL 33602**

9. Name and Address of New Registered Agent

Name
LAURENCE E. KINSOLVING
Street Address (P.O. Box Number is Not Acceptable)
CARLTON, FIELDS, WARD, EMMANUEL, SMITH & C
Suite, Apt. #, Etc.
ONE HARBOUR PLACE
City
TAMPA State
FL Zip Code
33602

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

REGISTERED AGENT MUST SIGN

Date **18 Sept 1997**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. HOLLIDAY MD

09/23/97

Date

813-872-8794

Daytime Phone #

CR-000 (12/96)

R,
P.A.