

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                     |   |   |
|-------------------------------------|---|---|
| APPLICATION<br>FOR<br>REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE   |
|                                     |   | Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |

FILED

98 MAR 10 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L14520

1. Corporation Name

ASSOCIATES IN DERMATOLOGY, PA

Principal Place of Business

Mailing Address

931 W. OAK ST  
SUITE 103  
KISSIMMEE FL 34741

PO Box 692049

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

9-1-89

5. FEI Number

59-2967271

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PRES          | WILLIAM A STEELE                          | 8738 LAKE TIBET CT   | ORLANDO, FL 32836       |
| SECY          | ROBIN GOOBER                              | 832 NOTTINGHAM ST  | ORLANDO, FL 32803       |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ROBIN GOOBER

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

832 NOTTINGHAM ST

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

Robin Goober  
REGISTERED AGENT MUST SIGN

Date 3-9-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

Robin Goober  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN GOOBER SECY

Date

3-9-98 (107) 363-4541

Daytime Phone #

CR2040 (1/98)