

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **L47898**

1. Corporation Name  
**JULIAN E. HURT, M.D., P.A.**

FILED  
00 DEC -4 PM 10: 30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1401 CENTERVILLE ROAD SUITE 508 TALLAHASSEE FL 32308	1401 CENTERVILLE ROAD SUITE 508 TALLAHASSEE FL 32308



**REINSTATEMENT** 00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/06/1990	
City & State		City & State		5. FEI Number	
Zip		Country		58-1876438	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
D	HURT, JULIAN E.	1401 CENTERVILLE RD,#508	TALLAHASSEE FL
T	WELCH, GARY D	128 HOBSON AVE	HOT SPRINGS AR 71901

300003500393--5  
-12/13/00--01104--002  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
HURT, JULIAN E. 1401 CENTERVILLE ROAD SUITE 508 TALLAHASSEE FL 32308		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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: [Signature] **SIGNATURE REQUIRED** Date 11-22-00  
REGISTERED AGENT MUST SIGN

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)(j), 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] **SIGNATURE REQUIRED** GARY WELCH Date 11-29-00 (501) 624-5788  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)