

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

1998 APR -3 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L49884**

1. Corporation Name

NANCY M. TROAST, D.O., P.A.

Principal Place of Business

NANCY M. TROAST, D.O., P.A.
Metro Medical Plaza
13691 Metro Pkwy., S.
Suite #320
Fort Myers, FL 33912
(941) 768-1717

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

2/13/90

5. FEI Number

650183224

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)

| 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 |
|-----------------------|---|--|-------------------------|
| physician director | Nancy M. TROAST, D.O. office | 13691 Metro Pkwy. S. #320 | Ft. Myers, FL 33912 |
| | Home → | 12520 Altendale Cr. | Ft. Myers, FL 33912 |
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| | | | |

REINSTATEMENT

4/8/98

8. Name and Address of Current Registered Agent

Nancy M. TROAST, D.O. PA
13691 Metro Pkwy S. #320
Ft. Myers, FL 33912
(previously Registered)

9. Name and Address of New Registered Agent

Reinstate

Name

Nancy M. TROAST D.O.

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

13691 Metro Pkwy S. #320

Suite, Apt. #, Etc.

#320

City

Ft. Myers

State

Zip Code

FL

33912

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

Nancy M. Troast

REGISTERED AGENT MUST SIGN

Date

3/26/98

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:

Nancy M. Troast

Nancy M. TROAST, D.O.

3/26/98

(941) 768-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #