


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1 Corporation Name <b>L59476</b> <b>David B. Gilbrith, MD, PA</b>		400355379564 11/18/20--01015--017 **\$0.00	
2 Principal Office Address - No P.O. Box # <b>125 SE 172 Hwy Lane</b> Suite, Apt. #, etc. <b>The Villages, FL</b> City & State <b>32162</b> Country <b>USA</b>		3 Mailing Office Address <b>125 SE 172 Hwy Lane</b> Suite, Apt. #, etc. <b>The Villages, FL</b> City & State <b>32162</b> Country <b>USA</b>	
7. Name and Address of Current Registered Agent Name <b>David B. Gilbrith MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>125 SE 172 Hwy Lane</b> Suite, Apt. #, Etc. City <b>The Villages</b> State <b>FL</b> Zip Code <b>32162</b>		4 Date Incorporated or Qualified To Do Business in Florida <b>3/19/90</b> 5 FEI Number <b>89-3009644</b> Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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 <b>[Signature]</b> Date <b>11/6/20</b> 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
<b>President</b>	<b>David B. Gilbrith, MD</b>	<b>125 SE 172 Hwy Lane</b>	<b>The Villages, FL 32162</b>
10 E-mail Address: <b>docnary1982@gmail.com</b> <small>To be used for future annual report notification</small>			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
SIGNATURE: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>11/6/20</b> Daytime Phone <b>352-421-2997</b>	



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2020

DAVID B CILBRITH MD  
DAVID B. CILBRITH MD, PA  
7275 SE 172ND LEGACY LANE  
THE VILLAGES, FL 32162

SUBJECT: DAVID B. CILBRITH, M.D., P.A.  
Ref. Number: L59476

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE WEBSITE WILL NOT ALLOW YOU TO FILE A REINSTATEMENT.  
PLEASE COMPLETE THE ATTACHED REINSTATEMENT FORM WITH THE  
PROPER FEES AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 320A00021842

*Rec 11/17/2020*

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