10/22/98 14:24 FAX 9413x244 4 ... 002

FAX AUDIT NO. H98000019664 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
98 OCT 22 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L72170

1 Corporation Name

FRANCIS C. BOUCEK, M.D., P.A.

Principal Place of Business	Mailing Address
694 Eight Street North Naples, FL 33940	1000 Tamiami Trail North Naples, FL 33940

REINSTATEMENT 92-98

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
671 Goodlette Road North	NONE
Suite, Apt. #, etc.: Suite 160	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34102 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/90

5. FEI Number: 650198337 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
T D/P/S/	Boucek, Francis C., M.D.	671 Goodlette Road North, #160	Naples, FL 34102

10/23

8. Name and Address of Current Registered Agent

Boucek, Francis C., M.D.
1000 Tamiami Trail North
Naples, FL 33940

9. Name and Address of New Registered Agent

Name: Boucek, Francis C., M.D.
Street Address (P.O. Box Number is Not Acceptable): 671 Goodlette Road North
Suite, Apt. #, Etc.: Suite 160
City: Naples State: FL Zip Code: 34102

CR2E040 (1/98)

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: Francis C Boucek — REGISTERED AGENT MUST SIGN — Date: 10/21/98

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: Francis C Boucek — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/21/98 — Daytime Phone #: (941) 403-8888

FRANCIS C. BOUCEK, M.D., PRESIDENT

FAX AUDIT NO. H98000019664 Prepared by: Thomas P. Clark, Esquire Florida Bar No. 0510114
1716 Monroe Street, Fort Myers

10/22/98 FLORIDA DIVISION OF CORPORATIONS 2:01 P.M.
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FROM: HENDERSON, FRANKLIN, STARNES & HOLT, P.A. ACCT#: 075410002172
CONTACT: KAREN S LABORDE
PHONE: (941)334-4121 FAX #: (941)332-4494

NAME: FRANCIS C. BOUCEK, M.D., P.A.
AUDIT NUMBER.....H98000019664
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CERT. OF STATUS..0 PAGES..... 1
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* ENTER 'M' FOR MENU. **

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