

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 FEB 10 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L79859

1. Corporation Name

Eric S. Mudafort, M.D., P.A.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6040 State Road 70

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6040 State Road 70

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

June 11, 1990

5. FEI Number

65-0189222

Applied For

Not Applicable

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34203

Country

U.S.A.

Zip

34203

Country

U.S.A.

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
P/S/T/ D	Eric S. Mudafort, M.D.	6040 State Road 70	Bradenton, FL 34203
			700002429047--3
			-02/12/98--01077--008
			***1500.00 ***1500.00

REINSTATEMENT 93-98  
A. Clean  
2/10/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Blalock, Landers, Walters & Vogler, P.A.

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

802 1/2 11th Street West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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.

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.

Signature of  
Registered Agent

By *Clifford L. Walters*

CLIFFORD L. WALTERS, VICE PRESIDENT

Date 2-9-98

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.

ERIC S. MUDAFORT, M.D., P.A.

SIGNATURE:

By: *Eric S. Mudafort* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC S. MUDAFORT, M.D., President

2-9-98 (941) 755-8755

Date

Daytime Phone #

CR2E040 (12/96)