

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

CORPORATION REINSTATEMENT



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

00 JAN 18 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M28618

1. Corporation Name

GUSTAVO ARRIOLA, M.D., P.A.

2. Principal Office Address

907 MAR WALT DR

3. Mailing Office Address

907 MAR WALT DR.

Suite, Apt. #, etc.

2023

Suite, Apt. #, etc.

2023

City & State

FT. WALTON BEACH, FL

City & State

FT. WALTON BEACH, FL

Zip

32547

Country

OKALOOSA

Zip

32547

Country

OKALOOSA

4. Date Incorporated or Qualified To Do Business in Florida

3/10/86

5. FEI Number

59-266-8053

Applied For
Not Applied

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee req for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

GUSTAVO ARRIOLA, M.D.

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

907 MAR WALT DR.

Suite, Apt. #, Etc.

2023

City

FT. WALTON BEACH

300003107413-8

-01/24/00--01011--000

***1050.00 ***1050.00

State
FL

Zip Code

32547

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
P	GUSTAVO ARRIOLA, M.D.	907 MAR WALT DR.	FT. WALTON BEACH, FL 32547

REINSTATEMENT

[Signature]

10. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(GUSTAVO ARRIOLA, M.D.)

Date

Daytime Phone #

850-862-8008