

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # M96744

1. Corporation Name

JOHN J. DREWNIANY, M.D., P.A.

Principal Place of Business

Mailing Address

836 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE FL 32207
US

836 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE FL 32207
US

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

08/30/1988

5. FEI Number

59-2908622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 AM 11:53

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	4 City / State / Zip
DPS	DREWNIANY, JOHN J.	3031 FOREST CIR	JACKSONVILLE FL 32257
T	DREWNIANY, MARY BETH	3031 FOREST CIRCLE	JACKSONVILLE FL 32257

500004726235--2
-12/14/01--01007--023
****758.75 ****758.75

Handwritten initials/signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUMPRIES, RALPH J.
4741 ATLANTIC BLVD
SUITE B-8
JACKSONVILLE FL 32207

Name *Ralph Humphries, Esq*
Street Address (P.O. Box Number is Not Acceptable)
2700 C. University Blvd. W.
Suite, Apt. #, Etc.
City *Jacksonville* State **FL** Zip Code **32217**

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

Handwritten signature of Ralph J. Humphries

REGISTERED AGENT MUST SIGN

Date

10-20-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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

Handwritten signature

Date

Daytime Phone #

10/24 904-398-8872

CR2E040 (8/01)