

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 24 PM 3: 31

DOCUMENT # N02000004525

1. Corporation Name

CONNECTICUT CHAPTER OF THE AMERICAN ASSOCIATION
OF CLINICAL ENDOCRINOLOGISTS, INC.

Principal Place of Business

Mailing Address

1000 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

1000 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

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

06/13/2002

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FORMAN, BARR MD	1000 RIVERSIDE AVENUE #205	JACKSONVILLE FL 32204
D	PETIT, WILLIAM MD	1000 RIVERSIDE AVENUE #205	JACKSONVILLE FL 32204
D	BOWER, BRUCE MD	1000 RIVERSIDE AVENUE	JACKSONVILLE FL 32204
D	LASSMAN, M. NOTMAN	1000 Riverside Avenue #205	Jacksonville, FL 32204
D	SAVINO, ROBERT	1000 Riverside Avenue #205	Jacksonville, FL 32204

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date 11/10/03

REGISTERED AGENT MUST SIGN

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., 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03

Daytime Phone

860-247-2137

11/26/03