

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 AM 10:10

DOCUMENT # **N14192**

1. Corporation Name

THE PORT CHARLOTTE MEDICAL PAVILION OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2525 HARBOR BLVD.
#315
PORT CHARLOTTE FL 33952

2525 HARBOR BLVD.
#315
PORT CHARLOTTE FL 33952

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

ATTN: BETTY ANN HUGHES, BLDG 1662

4. Date Incorporated or Qualified To Do Business in Florida

04/04/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc. *# 315*

5. FEI Number

65-0106397

Applied For

City & State

City & State *2525 HARBOR BOULEVARD*

Not Applicable

Zip

Country

Zip *PORT CHARLOTTE FL*
33952

Country

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 |
|---------------|--|---|--|
| PD | BUTLER, JOE, JR., M.D. | 2525 HARBOR BLVD. SUITE 309 | PORT CHARLOTTE FL 33952 |
| SD | BALLESTAS, DAVID M.D. | 2525 HARBOR BLVD. SUITE 101 | PORT CHARLOTTE FL 33952 |
| VPD | NARAYAN, DEV M.D. | 2525 HARBOR BLVD. SUITE 203 | PORT CHARLOTTE FL 33952 |
| | | | 900003460029--7 --11/13/00--01003--025 ****236.25 ****236.25 |
| | | | <i>DR 11/7</i> |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 *Margaret M. Ball* *Authorized Representative*
REGISTERED AGENT MUST SIGN

Date *10/23/00*

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:

David S. Ballistas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/00 *941-629-7593*

CR2ED40 (8/00)