

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 13 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18790**

1. Corporation Name

Gulf Coast Medical Plaza Condominium Association Inc.

2. Principal Office Address

449 West 23rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 15309

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32406-2309

Country

U.S.A

City & State

Panama City, FL

Zip

32406-2309

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/16/1987

5. FEI Number

592903358

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Wesley D. Fountain

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

449 W. 23rd Street

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

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

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
<i>SD</i>	<i>Victor Ortega, M.D.</i>	<i>2202 State Ave. #108</i>	<i>Panama City, FL 32405</i>
<i>D.</i>	<i>Wesley D. Fountain</i>	<i>449 W. 23rd Street</i>	<i>Panama City, FL 32405</i>
<i>PD</i>	<i>Todd Galletti</i>	<i>449 W. 23rd Street</i>	<i>Panama City, FL 32405</i>
<i>D</i>	<i>Greg Seiler</i>	<i>449 W. 23rd Street</i>	<i>Panama City, FL 32405</i>

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]

Wesley D. Fountain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

(850) 747-7102

Daytime Phone #

CR2E081 (01/04)