

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 18 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41708

1. Corporation Name

FLORIDA INFECTIOUS DISEASE SOCIETY, INC.

Principal Place of Business

1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

Mailing Address

1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8807 Heather Glen Court
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8807 Heather Glen Ct
Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa

Zip Country Hillsborough 33647 Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1991

5. FEI Number

59-3046783

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	VANDEVELDE, ALEXANDER G MD VT	1424 EDGEWOOD CIRCLE	JACKSONVILLE FL 32205
STD	TONEY, JOHN F M.D. P.D	8807 HEATHER GLEN COURT	TAMPA FL 33647
VT	LE FROCK, JACK L MD VTS	647 WATERSIDE WAY	SARASOTA FL 34242
PPT	DUMA, RICHARD J MD, PHD VT	407 LONG COVE ROAD	ORMOND BEACH FL 32174

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VANDEVELDE, ALEXANDER G M.D.
1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

Name

John F. Toney, M.D.

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

8807 Heather Glen Court

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/5/04

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/04 (813) 765-3613

Daytime Phone #