

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1997 JUN 25 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N48574**

1. Corporation Name

**SPINAL CORD GROUP OF S.W. FLORIDA, INC.**

Principal Place of Business

Mailing Address

1801 S.E. 5TH PLACE  
CAPE CORAL FL 33904

1801 S.E. 5TH PLACE  
CAPE CORAL FL 33904

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

2. New Principal Office Address, If Applicable

~~521-2 NE 24TH PL~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/1992

5. FEI Number

65-0332962

Applied For

Not Applicable

City & State  
~~Cape Coral, Florida~~

City & State

Zip  
33909

Country  
USA

Zip

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	<del>BEELER, RICHARD L</del> Peters, Edward A.	<del>1801 S E 5TH PL</del> 521-2 NE 24TH PL	CAPE CORAL FL
DV	EVANS, KAREN A	7024 BABCOCK RD	FT MYERS FL
DS	<del>TURNER, LYN CATH</del> AECURI	<del>114 S RD 253</del> Tropical Shores Wy	FT. MYERS FL 33931
DV	<del>CHARE, GLENN</del> BOB SHIMKO	<del>2787 CLEVELAND AVE</del> 17529 LAUREL VALLEY RD.	FT MYERS FL 33912
DV	JENKINS, BOB	2427 E. MALL DR	FT. MYERS FL 33901

8. Name and Address of Current Registered Agent

EVANS, KAREN A  
7024 BABCOCK RD.  
FT. MYERS FL 33912

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

*Edward A. Peters*

REGISTERED AGENT MUST SIGN

Date

6-16-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Edward A. Peters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

623-97 941574-3085

CR2E040 (7/96)