

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N96000000129

1. Corporation Name

SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX
ST. PETERSBURG FL 33733
US

P.O. BOX 15245
ST. PETERSBURG FL 33733-5245
US

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

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1996

5. FEI Number

59-3347603

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	City / State / Zip
1	2	3	4
Pres P/D	MOORHEAD, SHARON	995 46 AVENUE N	SAINT PETERSBURG FL 33703
S T	SHEETS, BARLENE Day, Ollie	5000 49 STREET SUITE 104 N BLDG. 6828 ONYX DRIVE N	SAINT PETERSBURG FL 33709-33702
Pres Elect/D	YATES, GAIL	1250 W. BAY DRIVE #D 1601 Devonshire Dr N	LARGO FL 33770 St. Petersburg FL 33710
Pres S	HEITKAMP, SHARON Heitkamp, Sharon	1204 INDIAN ROCKS ROAD 2325 Ulmerton Road, Ste 1	LARGO FL 33770 Clearwater FL 33762
Pres D	DUNNINGTON, TERRY	4000 WEST NORTH	ST PETERSBURG FL 33705
Past Pres. D	HAVERTY, SUE	360 N CLEARWATER-LARGO RD	LARGO FL 33770

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIKOS, CYNTHIA A ESQ.
205 N PARSONS AVENUE
SUITE A
BRANDON FL 33510

Name

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

Suite, Apt. #, Etc.

City

State

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

Cynthia A. Mikos
REGISTERED AGENT MUST SIGN

Date 11-20-01

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:

Sharon K. Moorhead
Sharon K. Moorhead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/01 727/526-7553