

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

1082

DOCUMENT # N97000005057

01 OCT 19 PH 4: 28

1. Corporation Name

MARION MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1040 SW 2ND AVE  
OCALA FL 34474

Mailing Address

1040 SW 2ND AVE  
OCALA FL 34474



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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2951256

Applied For

Not Applicable

City & State

City & State

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	<del>BUCKMAN, GARY</del> Tittel, Dawn	1040 SW 2ND AVE	OCALA FL 34474
PD	VASUDEVAN, RAMABHADHAN	1040 SW 2ND AVE	OCALA FL 34474
VPD	VASUDEVAN, ANJU	1040 SW 2ND AVE	OCALA FL 34474

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VASUDEVAN, RAM  
1040 SW 2ND AVE  
OCALA FL 34474

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/01

MW

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

10/17/01

Daytime Phone #

282

**MARION MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.**  
1040 S.W. 2<sup>ND</sup> AVENUE  
OCALA, FL 34474  
Phone: (352) 732-3005  
Fax: (352) 622-1643

October 16, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327


RE: Marion Medical Park Property Owners' Association, Inc.  
Document #N97000005057

To Whom It May Concern:

We received an application for reinstatement from your office regarding the above referenced corporation today. We submitted our Uniform Business Report and a check in the amount of \$61.25 on September 11, 2001. We did not receive any other communications from your office until receipt of the application for reinstatement. After a phone call to your office on October 12, 2001 for another corporation, it was discovered that the original report was returned to us for corrections, however we never received it. It seems this is the same case for this corporation. Also, your office cashed the check in the amount of \$61.25. The agent we spoke with suggested we submit the completed application with the above statement and ask that the late fees be waived, since our original (on time) payment was cashed. If you need any further information, please contact me at the number listed above.

Thank you in advance for your cooperation.

Sincerely,



Ram Vasudevan, MD