

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 APR 17 PM 1:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000007184**

1. Corporation Name
FIPA REGION #13, INC.

Principal Place of Business Mailing Address
~~2691 JENKS AVE.~~ ~~PANAMA CITY FL 32405~~
3003 South Hwy 77
Suite A
Lynn Haven FL 32444



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/21/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3553137	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRUCE, WILLIAM G M.D.	520 N. MACARTHUR AVE.	PANAMA CITY FL 32401
D	HUNT, PAUL MD	2624 JENKS AVE.	PANAMA CITY FL 32405
D	IMBER, PETER M.D.	3 MIRACLE STRIP LOOP	PANAMA CITY BEACH FL 32407
D	ORTEGA, VICTOR M.D.	2202 STATE AVE., STE. 108	PANAMA CITY FL 32405
D	STROHMENGER, JAMES M.D.	527 N. PALO ALTO AVE.	PANAMA CITY FL 32401
			900005414279--0 -05/01/02--01026--012 ****758.75 ****758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MCELLISTER, TOM 2808 REMINGTON GREEN NORTH STE J TALLAHASSEE FL 32308		Name Diane C. Hare, CPA	
		Street Address (P.O. Box Number is Not Acceptable) 3003 S. Highway 77	
		Suite, Apt. #, Etc. Suite A	
		City Lynn Haven	State Zip Code FL 32444

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: *Diane C. Hare CPA* Date: 02-18-02
 REGISTERED AGENT MUST SIGN

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: *William Gregory Bruce* 02/25/02 850-969-9408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/01)

Hare, Hare & Myers, P.A.
A CPA Firm

Diane C. Hare, CPA

Anthony R. Hare

Debra C. Myers, CPA

April 15, 2002

3003 South Highway 77, Suite A

Lynn Haven, Florida 32444

Telephone: (850) 763-9635

www.harecpa.com

Florida Department of State
Divisions of Corporation
P O Box 6327--
Tallahassee, FL 32314

RE: FIPA REGION # 13, INC.
REF. Number N98000007184

Dear Sirs:

Enclosed please find the reinstatement application, check for \$758.75, and a letter from Mrs. Williams of Florida Department of State for FIPA REGION #13. This corporation is a for profit corporation and Form 1120 is filed. Please check your records and adjust accordingly.

Please contact our office if additional information is required.

With best regards,

Diane C. Hare

Diane C. Hare, CPA
Hare, Hare & Myers, P.A.

DCH/sb

cc: William G. Bruce, M.D.

MEMBER



7/12/00

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 14, 2002

FIPA REGION #13, INC.
3003 SOUTH HWY 77
HYNN HAVEN, FL 32444

SUBJECT: FIPA REGION #13, INC.
Ref. Number: N98000007184

We have received your document for FIPA REGION #13, INC. and check(s) totaling \$758.75. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$297.50. Add an additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams
Document Specialist

Letter Number: 802A00015387