

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JAN 23 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N99000003005

**1. Corporation Name**

Southern Surgical Group, Inc.

**2. Principal Office Address - No P.O. Box #**

1318 Oak Street

**3. Mailing Office Address**

P.O. Box 1868

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32901

Country

USA

Zip

32902

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/23/1999

**5. FEI Number**  
59-3580939

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**7. Name and Address of Current Registered Agent**

Name

David D. Warren

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

1318 Oak Street

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date

1/20/09

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	David D. Warren	1318 Oak Street	Melbourne, FL 32901
Sec.	Sheila D. Newton	1318 Oak Street	Melbourne, FL 32901
Dir.	Bonnie J. Warren	7968 Timberlake Drive	Melbourne, FL 32904

**10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/09

Daytime Phone #

321/957-2323