

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:35

DOCUMENT # **P00000000167**

1. Corporation Name

MID-FLORIDA INFECTIOUS DISEASE, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100008865711
11/07/02--01046--014. **750.00

Principal Place of Business

**550 US HWY 27 N
DAVENPORT FL 33837**

Mailing Address

**550 US HWY 27 N
DAVENPORT FL 33837**



REINSTATEMENT 02

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

12/30/1999

Suite, Apt. #, etc.

1315 S. Orange Ave.

Suite, Apt. #, etc.

P.O. Box 568863

City & State

2nd Floor / Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

USA

Zip

32856

Country

USA

5. FEI Number

59-3615965

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RYAN, JAMES P MD	550 US HWY 27 N 1315 S. Orange Ave. 2nd Floor	DAVENPORT FL 33837 Orlando, FL 32806

8. Name and Address of Current Registered Agent

**RYAN, JAMES P MD
550 US HWY 27 N
DAVENPORT FL 33837**

9. Name and Address of New Registered Agent

Name **James P. Ryan, MD**
Street Address (P.O. Box Number is Not Acceptable)
1315 S. Orange Ave. 2nd Floor
Suite, Apt. #, Etc.
City **Orlando** State **FL** Zip Code **32806**

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **11/4/02**

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02

407-895-4129