

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

03 APR -9 AM 7:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000002964**

1. Corporation Name

**JOHN J. CRITTENDEN, M.D., P.A.**

Principal Place of Business

3577 GULF BREEZE PKWY  
GULF BREEZE FL 32561

Mailing Address

3577 GULF BREEZE PKWY  
GULF BREEZE FL 32561



**REINSTATEMENT 02-03**

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

01/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3628127

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRITTENDEN, JOHN J	3577 GULF BREEZE PKWY	GULF BREEZE FL 32561
			900011902649 02/06/03--01024--003 **750.00
			900011902649 04/09/03--01076--023 **300.00

8. Name and Address of Current Registered Agent

CRITTENDEN, JOHN J MD  
3577 GULF BREEZE PKWY  
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

*John J. Crittenden*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

1-28-03

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**

John J. Crittenden

Date

Daytime Phone #

1-28-03

CR2040 (8/02)