

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 24 PM 12:17

DOCUMENT # P00000017635

1. Corporation Name

ADVANCED SURGICAL CORPORATION

Principal Place of Business

4122 53 AVE. WEST #316
BRADENTON FL 34201

Mailing Address

4122 53 AVE. WEST #316
BRADENTON FL 34201



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

412 53RD Ave. West
Suite, Apt. #, etc. #316

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Zip

34210

Country

MANATEE

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/18/2000

5. FEI Number

65-0983151

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	John P. Newton, President	4112 53 RD Ave. W. #316	Bradenton, FL 34210

8. Name and Address of Current Registered Agent

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.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/01

Daytime Phone #

941-739-6577

4112 53rd Ave. West #316
Bradenton, FL 34210

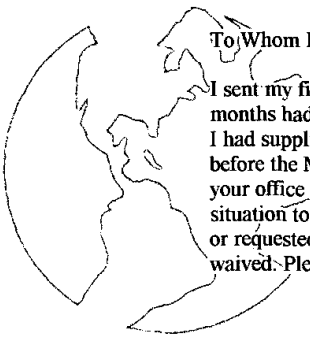
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Advanced Surgical Corporation

October 18, 2001

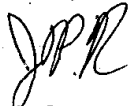
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:



I sent my first form letter in to you before the May 1st deadline, along with the required fee. Some months had passed, and then I had received another form letter requesting some additional information. I had supplied the requested information on your form letter and promptly mailed it back to you before the March 30th deadline. I had recently received Dissolution of Corporation Letter. I called your office immediately to find out why this was happening and what to do. After explaining the situation to one of your agents, He said, there was an address issue. We, however, have never moved or requested any address change. He instructed me to write this letter and request that the late fee be waived. Please have my company name re-activated. Thank you for all of your help in this matter.

Sincerely,



John P. Newton
President

