

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 OCT 22 AM 9:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P0000024296**

1. Corporation Name

STEPHEN HAWK, D.O., P.A.

Principal Place of Business

10225 ULMERTON ROAD
 SUITE 3A
 LARGO FL 33771
 US

Mailing Address

10225 ULMERTON ROAD
 SUITE 3A
 LARGO FL 33771
 US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
10225 Ulmerton Rd Ste 4A
 City & State
Largo FL

Zip
33771
 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
10225 Ulmerton Rd Ste 4A
 City & State
Largo FL

Zip
33771
 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

03/08/2000

5. FEI Number

59-3630985

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HAWK, STEPHEN D.O.	10225 ULMERTON ROAD SUITE 3A	LARGO FL 33771
			500008510685 10/22/02--01049--002 **158.75

8. Name and Address of Current Registered Agent

HAWK, STEPHEN D.O.
 10225 ULMERTON ROAD
 SUITE 3A
 LARGO FL 33771

9. Name and Address of New Registered Agent

Name **Stephen Hawk DO**
 Street Address (P.O. Box Number is Not Acceptable)
10225 Ulmerton Rd
 Suite, Apt. #, Etc.
Suite 4A
 City
Largo
 State
FL
 Zip Code
33771

CR2ED40 (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
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-21-02

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
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-518-0572
10/21/02

as is/submit

BAY AREA BEHAVIORAL HEALTH ASSOCIATES

STEPHEN M. HAWK, D.O.
DAWN L. CURTIS, M.S., A.R.N.P.

10225 Ulmerton Road, Suite 4A
Largo, FL 33771-3519
Telephone: (727) 518-0572
Fax: (727) 518-7423

October 21, 2002

Dear Florida Dept of State

Dept of Corporations

As President of Stephen hawk DO PA I am sending this in request of waiver of the penalty for lack of receipt of annual report / uniform business report. We have not received the notice for filing and have every intention of remaining in business and in compliance.

Thank you for your assistance and please do not hesitate to contact me for any questions

Sincerely



Stephen Hawk DO

10225 Ulmerton Rd Suite 4A
Largo FL 33771

727.518.0572 voice
727.518.7423 fax

I spoke with someone in
D.V. of corp office
who rec. I send this
IN
S/Haw