

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000031220**

1. Corporation Name

GREG M. SILVER, M.D., P.A.

Principal Place of Business

Mailing Address

1831 NORTH BELCHER ROAD
A-3
CLEARWATER FL 33765
US

1831 NORTH BELCHER ROAD
A-3
CLEARWATER FL 33765
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/2000

5. FEI Number

59-3648734

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
DR.	SILVER, GREG M	129 CARLYLE DRIVE	PALM HARBOR FL 34683
MRS.	SILVER, SANDRA L TREAS	129 CARLYLE DRIVE	PALM HARBOR FL 34683

600023749366

10/13/03--01063--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVER, GREG M
1831 N. BELCHER ROAD
A-3
CLEARWATER FL 33765

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-9-03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG M. SILVER, MD

Date

10-9-03

Daytime Phone #

727-712-3286

CR2E040 (7/03)

GREG M. SILVER, M.D., P.A.
BOARD CERTIFIED FAMILY PHYSICIAN

Thursday, October 09, 2003

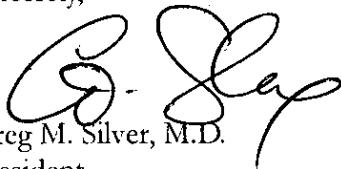
Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Dissolution of Greg M. Silver, M.D., P.A.

To Whom It May Concern:

I was surprised and upset to see that my corporation has been dissolved for failing to file the 2003 annual report. I am certain that we never received any notice for filing or of dissolution and therefore, I do not feel that I should be charged a re-instatement fee. I have enclosed the appropriate fee and respectfully request that the reinstatement fee be waived.

Sincerely,


Greg M. Silver, M.D.
President