PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

02 SEP 23 AM II: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/24/02--01030--022
****900.00   ****900.00

REINSTATEMENT 01-02

DOCUMENT #   P00000031954

1. Corporation Name

Bill Byrd, M.D., P.A.

2. Principal Office Address

500 East SR 434

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip	Country
32750	USA

3. Mailing Office Address

c/o Thomas Blake, CPA

Suite, Apt. #, etc.

P.O. Box 940717

City & State

Maitland, FL

Zip	Country
32794	USA

4. Date Incorporated or Qualified To Do Business in Florida   4/1/2000

5. FEI Number

59-2635255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Bill Byrd

Street Address (P.O. Box Number is Not Acceptable)

511 Matilda Place

Suite, Apt. #, Etc.

City

Longwood

State	Zip Code
FL	32750

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

Date 9/15/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Bill Byrd	511 Matilda Place	Longwood, FL 32750

10. 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: _____   BILL BYRD   9/15/02   407 834-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #