

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 NOV 12 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000047821

1. Corporation Name

RICHARD G. LIVERNOIS, M.D., P.A.

Principal Place of Business

~~5006 E FOWLER AVENUE, #G~~
~~TAMPA FL 33617~~

Mailing Address

~~5006 E FOWLER AVENUE, #G~~
~~TAMPA FL 33617~~

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

2. New Principal Office Address, If Applicable

400 Celebration Place

Suite, Apt. #, etc.

Suite A270

City & State

Celebration, FL

Zip Country

34747

U.S.A

3. New Mailing Office Address, If Applicable

P.O. Box 272437

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33688-2437

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2000

5. FEI Number

59-3644589

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LIVERNOIS, RICHARD G	5006 E FOWLER AVENUE, #G 400 Celebration Place, Ste A270	TAMPA FL 33617 Celebration, FL 34747

100008941461
11/12/02--0118--011 **150.00

8. Name and Address of Current Registered Agent

LIVERNOIS, RICHARD G

~~5006 E FOWLER AVENUE, #G~~
~~TAMPA FL 33617~~

9. Name and Address of New Registered Agent

Name

Livernois, Richard G.

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

400 Celebration Place

Suite, Apt. #, Etc.

Suite A270

City

Celebration

State

FL

Zip Code

34747

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

11-8-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-8-02

CP2E040 (8/02)

Richard G. Livernois, MD
P.O. Box 272437
Tampa, FL 33688-2437

RE: Richard G. Livernois, M.D., P.A.
FEI # 59-3644589

November 7, 2002

To Whom It May Concern:

This letter accompanies my application for reinstatement of the above referenced corporation. I am requesting that the reinstatement fee be waived as this corporation did not receive the two uniform business reports prior to receiving the notice of administrative dissolution or revocation. I believe that the UBRs were not received as a result of a change in address of this corporation, despite change of address forms on file with the United States Postal System. By applying for reinstatement with the new and correct address, I hope that this situation will be remedied.

Thank you for your consideration and attention to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to be 'R. Livernois' with a stylized flourish at the end.

Richard G. Livernois, M.D.