

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000079132

1. Corporation Name

SELCUK A. TOMBUL, D.O., P.A.

Principal Place of Business

8005 BAY STREET #3  
SEBASTIAN FL 32958

787 37th St. Suite E-140  
Vero Beach, FL 32960

Mailing Address

8005 BAY STREET #3  
SEBASTIAN FL 32958

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

2. New Principal Office Address, If Applicable

787 37th Street  
Suite E 140

City & State  
Vero Beach, FL

Zip Country  
32960 USA

3. New Mailing Office Address, If Applicable

787 37th Street  
Suite E 140

City & State  
Vero Beach, FL

Zip Country  
32960 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/2000

5. FEI Number

65-0928396

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TOMBUL, SELCUK A	8005 BAY STREET #3 11	SEBASTIAN FL 32958 11
			500004691475--5 -11/21/01--01085--005 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMBUL, SELCUK A

8005 BAY STREET #3

SEBASTIAN FL 32958

Name

Selcuk A. Tombul

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

787 37th St. Suite E-140

Suite, Apt. #, Etc.

Suite E 140

City

Vero Beach

State

FL

Zip Code

32960

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

*Selcuk A. Tombul*  
REGISTERED AGENT MUST SIGN

Date

10/25/01

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:

*Selcuk A. Tombul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/01

Daytime Phone #

787-378-9110

FILED

01 OCT 29 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA



REINSTATEMENT

2001

CR2040 (8/01)