

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000079668

1. Corporation Name

ROBERT W. CAPITAIN, D.O., P.A.

Principal Place of Business

Mailing Address

9765 SAN JOSE BLVD STE 105
JACKSONVILLE FL 32257

9765 SAN JOSE BLVD STE 105
JACKSONVILLE FL 32257

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

09/01/2000

5. FEI Number

59-3669704

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
D	CAPTAIN, ROBERT W DO	1214 KINGS ROAD	NEPTUNE BEACH FL 32266

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPTAIN, ROBERT W DO
1214 KINGS ROAD
NEPTUNE BEACH FL 32266

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 APR 30 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



400030729524

03/18/04--01055--015 **150.00

400030729524

04/30/04--01020--005 **150.00

CR2E040 (7/03)

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HARTMAN, BLITCH & GARTSIDE
CERTIFIED PUBLIC ACCOUNTS
240 14th Avenue South
Jacksonville, FL 32250
Phone: 904-247-1565

March 15, 2004

Divisions of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Robert W Capitain, D.O., P.A.
Document #P00000079668

Gentlemen:

Relative to the above referenced please find enclosed a check in the amount of One Hundred and Fifty dollars and no/100 (\$150.00).

Please be advised that this is to reinstate the Robert W Capitain, D.O., P.A. Corporation.

The corporation's location was moved and the notice was mailed to the incorrect address and they did not receive it. As a result we are asking that the penalties be abated and the corporation be reinstated.

If you have any questions or need further information please contact me at the above address or phone number.

Sincerely,



Frank Hunter, CPA
Hartman, Blitch & Gartside

Enc: 2