

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 20 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 000000079881

1. Corporation Name

JOHN M. WARNER, MD, PA

2. Principal Office Address

330 ALCOVY ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1093 Whirlaway LN.

Suite, Apt. #, etc.

City & State

MONROE, GA

City & State

MONROE, GA

Zip

30655

Country

USA

Zip

30655

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 1, 2000

5. FEI Number

59-3658111

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GENE BARKER, CPA

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

45 BEAL PARKWAY, NE

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32549

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

Gene Barker

REGISTERED AGENT MUST SIGN

Date

1/14/04

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
PRESIDENT	JOHN M. WARNER, MD	1093 Whirlaway LN	MONROE, GA 30655
SECRETARY	NANCY L. WARNER	1093 Whirlaway LN	MONROE, GA 30655

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:

John M. Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-2004 770-266-6598

Daytime Phone #

CR2001 (10/02)

John M. Warner, MD, PA
1093 Whirlaway Lane
Monroe, GA 30655

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

Dear Sirs:-

While researching my business status in the process of forming a separate LLC, my attorney found that my P.A. had been dissolved on 9/19/2003 and informed me as such.

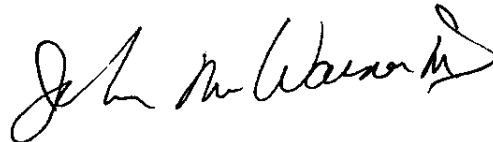
I am now in Georgia registered as a foreign company doing business here using my Florida P.A., John M. Warner, MD, PA.

Since I moved, I did not receive my annual corporation filing and did not realize it until now. Please waive the reinstatement fee and accept my payment for last year (2003) and 2004 which is enclosed.

Of note: On the reinstatement form, I used my current Georgia address and marked out FL, since I am registered here as a foreign company in GA.

I eventually plan on returning to Florida and wish to maintain my Florida corporation status.

Thank you for your consideration.



John M. Warner, MD
President