

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 18 PM 4:54

DOCUMENT # P000000083747

1. Corporation Name

Philip N. Johnson MD. PA

REINSTATEMENT 01-23

900010196959
01/17/03--01074--007 **1050.00

2. Principal Office Address

2100 SE 17th ST

3. Mailing Office Address

3437 SW 9th AVE

Suite, Apt. #, etc.

SUITE 902

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

OCALA FL

Zip

34471

Country

US

Zip

34474

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

59-3670749

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

Philip N. Johnson

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

2100 SE 17th ST.

Suite, Apt. #, Etc.

SUITE 902

City

OCALA

State

FL

Zip Code

34471

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

1/13/03

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	Philip N Johnson	2100 SE 17th ST. SUITE 902	Ocala, FL. 34471

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/03

Daytime Phone #

352 620-7229