

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000084126

1. Corporation Name

LISA A. UTSEY, M.D., P.A.

Principal Place of Business

267 BAYOU CIR.  
DEBARY FL 32713

Mailing Address

267 BAYOU CIR.  
DEBARY FL 32713

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

2. New Principal Office Address, If Applicable

521 West SR 434

Suite, Apt. #, etc.

304

City & State

Longwood, FL

Zip

32750

Country

Seminole

3. New Mailing Office Address, If Applicable

521 W SR 434

Suite, Apt. #, etc.

Ste 304

City & State

Longwood, FL

Zip

32750

Country

Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/2000

5. FEI Number

593866765 (59-3666765)

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	UTSEY, LISA A	267 BAYOU CIR.	DEBARY FL 32713

700004745737--2

-12/31/01--01103--008

\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

UTSEY, LISA A  
267 BAYOU CIR.  
DEBARY FL 32713

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/5/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #