

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116817

1. Corporation Name

JAMES O. SMITH, M.D., P.A.

Principal Place of Business

3450 E. FLETCHER AVE.
TAMPA FL 33613

Mailing Address

3450 E. FLETCHER AVE.
TAMPA FL 33613

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

Suite 110

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite 110

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/2000

5. FEI Number

59-3693030

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
P	SMITH, JAMES D	10531 HOMESTEAD DRIVE	TAMPA FL 33618

600008825916
11/08/02--01042--004 **150.00

8. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
600 S. MAGNOLIA AVE., SUITE 100
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

James O. Smith

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

3450 E. Fletcher Ave

Suite, Apt. #, Etc.

Suite 110

City

Tampa

State

FL

Zip Code

33613

CP2EQ40 (8/02)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/24/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 (813) 971-2424
Date Daytime Phone #



Consultative and Interventional Cardiology and Vascular Diseases

FLORIDA HEART & VASCULAR ASSOCIATES

Diplomate American Board of Internal Medicine

Board Certified in Cardiovascular Diseases

October 24, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: James O. Smith, M.D., P.A.

FEI#59-3693030

Dear Sir or Madam:

I am in receipt of your notice of Administrative Dissolution of my corporation. Please be advised I did not receive the two prior uniform business report (UBR) notices.

Enclosed please find the completed application for reinstatement and the appropriate UBR filing fee of \$150.00.

Thank you for your cooperation in regards to this matter. If you have any questions, please do not hesitate to contact me, or my office manager, Joan Browder.

Sincerely,

James O. Smith, M.D., P.A.

Enclosures