

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000006336**

1. Corporation Name

Timothy J. Forness, MD, P.A.

2. Principal Office Address - No P.O. Box #

3802 Dogwood Ave.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

3802 Dogwood Ave.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Timothy J. Forness MD

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

3802 Dogwood Ave.

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

*Timothy J. Forness MD*  
REGISTERED AGENT MUST SIGN

Date 12/24/2008

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
D	Timothy J. Forness MD	3802 Dogwood Ave.	Palm Beach Gardens, FL 33410

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 contained in Chapter 119, 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:

*Timothy J. Forness MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Forness MD

12/24/2008

Date

561-386-9211

Daytime Phone #

FILED

08 DEC 30 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700139362017  
12/30/08--01039--023 \*\*1050.00

CR2E081 (10/08)

**REINSTATEMENT**

02-08

4. Date incorporated or qualified

To Do Business in Florida 01/16/2001

5. FEI Number

65-1076491

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status