

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



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

FILED

02 OCT 23 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007840

1. Corporation Name

HOWARD T. TEE, MD, P.A.

Principal Place of Business

403 SABLE OAK DR.  
VERO BCH FL 32963

Mailing Address

403 SABLE OAK DR.  
VERO BCH FL 32963



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2001

5. FEI Number

65-1081870

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TEE, HOWARD T	403 SABLE OAK DR.	VERO BCH FL 32963

900008547389

10/23/02--01066--002 \*\*150.00

10/25

8. Name and Address of Current Registered Agent

TEE, HOWARD T  
403 SABLE OAK DR.  
VERO BCH FL 32963

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

10/21/02 (772) 299-1901

Date

Daytime Phone #

CR20040 (8/02)



**Howard T. Tee, M.D., F.A.C.C.**

Diplomate of the American Board of Internal Medicine and Cardiovascular Diseases

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Vero Beach, FL 32960

phone: (561) 299-1901

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toll free: (866) 299-1901

Florida Department of State:  
Division Of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

October 22, 2002

Re: #P01000007840

Please be informed that I never received the two prior Uniform Business Report notices. Enclosed herein are a completed application form for reinstatement and the appropriate UBR filing fee in the amount of \$150.00. Thank you for your time.

Sincerely,

Howard T. Tee M.D., F.A.C.C.