


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
06 MAY -4 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008619  
1. Corporation Name Michael M. Newan, M.D., P.A.

2. Principal Office Address 1075 9TH AVE N  
Suite, Apt. #, etc.

3. Mailing Office Address 1075 9TH AVE N.  
Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

City & State  
St. Petersburg, FL

Zip 33705 Country USA

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4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-1593692217

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 Michael M. Newan

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

1075 9th Ave N.

Suite, Apt. #, Etc.

800074534938

05/14/06-01001-009 \*\*\*750.00

City St Petersburg

State  
FL

Zip Code  
33705

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 X Michael Newan

Date 5/1/06

REGISTERED AGENT MUST SIGN

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
P	Michael M Newan	1075 9th Ave N	St Petersburg, FL
	<u>7/5/11</u>		

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: Michael Newan MICHAEL NEWAN 5/1/06 727-895-5864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #